VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

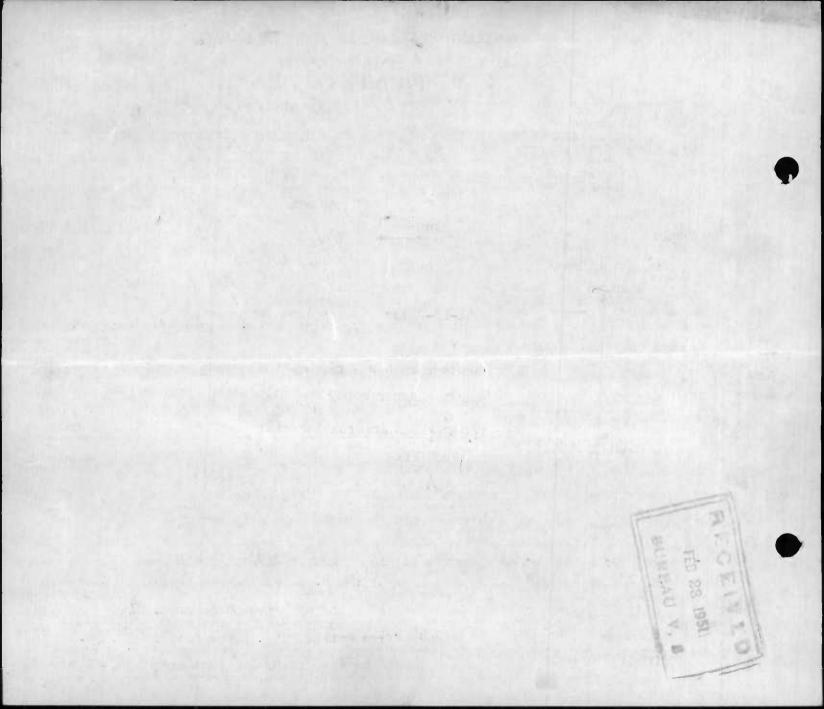
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1000)

21

July 7, Film	Reg. Dist. No	.30
1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	II 2. USUAL RESIDENCE (HOME) OF DECEASED.	Balto.City
CITY (If outside corporete limits, write RURAL and OR give nearest togal tonsville (in this place) TOWN	CITY (If outside corporate limits, write RURAL and giv OR Baltimore	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	ADDRESS 135 N. Broadway (If rural, give location)	V
3. NAME OF (First) DECEASED (Type or Print) Salvatore (Middle) Quala	(Last) 4. DATE (Month) OF DEATH	(Year) 19 51
6. SEX male 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) unknown.	9/4/03 9. AGE last hirthday If under Months 147 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Seaman	Tourist J Tourist	COUNTRY! UNKNOW
is. Father's name unknown	14. MOTHER'S MAIDEN NAME UNKNOWN	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of of 1-18-2893 *	17. INFORMANT AND ADDRESS Hospital records	
18. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	secondary to	24 hours
Immediate cause (a) Acute cardio re	spiratory failure secondary to	Zu nom s
	ophy and dilatation secondary to	2 years
stating the underlying cause last (c) generalized art	erosclerosis	unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Syphills		unknown
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not While Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/16	, 1950, to 2/9/5, 19.51., that I last as	aw the deceased
alive on 2/9 , 19.51 , and that death occurred at 3	• OO D m from the servers and on the data st	atad abaus
SIGNATURE (Degree or title)	200p.em., from the causes and on the date str	DATE SIGNED
Florense Clerenger Jorce 40	Spring Grove State Hospital	2/9/51
REMOVAL (Specify) 2-21-51 Spring Grov	re State Hosp. Catons ville 28,	• Dis
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2-21-5/	24. FUNERAL DIRECTOR Spring Grove State Hospital, (Catons villa
	/	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.		
COUNTY MARYLAND MARYLAND	STATE Maryland COUNTY		
OR give nearest town) LENGTH OF STAY	OR no home		
HOSPITAL OR	TOWN		
INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp. Ft. Howard, Md.	STREET (If rural, give location) no home		
3. NAME OF (First) (Middle) DECEASED (Type or Print) RAYLOND E.	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Fob. 27 195]		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.		
Male white WIDOWED, DIVORCED, (Specify) SINGLE	1-3-22 29 yrs. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry Lindustry Lack	11. BIRTHPLACE (State or foreign country) Monkton, Md. 12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME		
Clarence Almony	Niabres ? Mabrey?		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of learning) (U.S. ARMED FORCES? U.S. COLLAR SECURITY NO.	17. INFORMANT AND ADDRESS		
105 service) Wit-2 unknown	Clinical Rec. Vets.Adm. Hosp.Ft.Howard, Md.		
18. MEDICAL CE			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH		
Immediate cause (a) Tuberculosis, pul	11-11-11-11-11-11-11-11-11-11-11-11-11-		
Antecedent cause(s)	Plus		
Diseases or conditions, if any, (b)	10000000000000000000000000000000000000		
giving rise to the above cause stating the underlying cause last			
(c)	THE RESERVED OF THE PARTY OF TH		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the desth but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
	np.		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)		
SUICIDE OF office bldg., etc.) HOMICIDE INJURY			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCURRED While At Work At Work	HOW DID INJURY OCCUR?		
22 I havely cartify that Vattended the deceased from Feb. 20	, 19 51, to Feb. 27, 19 51, that I last saw the deceased		
and that death occurred at	ADDRESS DATE SIGNED		
the could coopy.			
	VAN FURT HOWARD, MD. 2-27-51 RY OR CREMATORY LOCATION (City, town, or county) (State)		
23. BURIAD, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) Max 2,195 Balto Mation			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
18/25/51 Aw Hadred	Blight Funeral Nome 6009 Harford Rd. Balto. M.		
Dav	Mildred J. Blight 091959		

2411 N. Charles Street, Baltimore

1235

CERTIFICATE OF DEATH

Reg. Dist. No. 30

	TO THE PROPERTY OF THE PARTY OF	
1. PLACE OF DEATH.	2. USUAL RESIDENCE HOME) OF DECEASED.	42 04
Dallimore MARYLAND	naryland	Dallo.
OR give nearest town) (in this place)	CITY (If outside prporate limits, write RURAL and give	nearest town)
OR give nearest town) Catonsurlle (in this place)	TOWN Calmarrile.	
HOSPITAL OR INSTITUTION OR P	STREET ADDRESS / 6 1/ [If rural, give location]) /
STREET ADDRESS Jardesa Punting Home "	6214 - Frederick - R	oad
3. NAME OF (First) (Middle)	(Last) 4. DATE (Mooth)	(Day) (Year)
DECEASED KATIE - A	NOREWS. DEATH FEB.	2 - 195/.
5 SEY) 6 COLOR-OR RACE 1.7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last hirthday If under I	year If under 24 hrs.
Female White (Specify) Widowed	man. 9-1861, 89 yrs. Mooths	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
dooe during most of working life, even if refred) INDUSTRY Gum Home	maruland.	COUNTRY 14. S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Tames Charles.	mary E. Mills	v.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	1 . / 10
(Yes, no, or uoknown) (If yes, give war or dates of home	mrs. d. N. Ruderill - 6214- Free	deuck- Hue.
ho. 18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
	QUEONIA	
Immediate cause (a) MYOCARDITIS,	, CHRUNIC.	3 yrs
11000.		
Antecedent cause(s) SENILITY Diseases or conditions, if any, (b)		00 00 00 00
giving rise to the above cause		
7 0 cl statiog the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
IVA. DATE OF OTENANCE.		Yes I No
21. ACCIDENT (Specify) } PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.)		(
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m. Work At work	110000	
22. I hereby certify that I attended the deceased from May 1.8.	, 19 7 8, to Bull 3, 19 , that I last so	w the deceased
	-6 2 7	
	ADDRESS and on the date sta	DATE SIGNED
SIGNATURE (Degree or title)	politicas in the many	2/0/1
J. JAM Amson Mup	Cotosolle, 114	0/3/5/
23. BURIAL, CREMATION DATE THEREOF , NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or couot	y) (State)
REMOVAL (Sporty) Feb 5/5/ London Park	Cemetery Baltimore	mol.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 2/5/51 9. W. Hedrich	Charles & Dchwab - 3512	- trederick.
		100
		- Auc.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

320

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1236

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	meg. Dist. No	Fe
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY BALTIMORE MARYLAND	MARYLAND COUNTY	TIMAKE
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN VICTORY VILLA (III this place)	TOWN VICTORY VILLA	4
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS / RUNWAY COURT	ADDRESS I RUN WAY CO	URT
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) MILTON C.	NDREWS DEATH Feb.	6 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	l year If under 24 hrs.
MALE WITHE (Specify) MARKIED	1000. 6, 1657 7 ym.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
ane during most of working life, even if retired) LET CROCERY STORE WILE R 13. FATHER'S NAME	VIRGINIA	Country?
	14. MOTHER'S MAIDEN NAME	
REV. MILTON E. ANDREWS	KEZIAH ARNOLO	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
NO service) NONE	MRS. MARGARET ANDREWS. IRUN	WAY COURT
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	200 10	ONSET AND DEATH
C. M.	Star June	11 00 11
Immediate cause (a)	fine avec	4 minus
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Cerotic Heart Disease	11 mil ma ma 1000 discondi biscondi di ma ma 00 1 ma ma
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mark Market Leading	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
noul many		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work May Not May	HOW DID INJURY OCCUR?	
	[] r 1 , [-1	
22. I hereby certify that I attended the deceased from MW-8	, 19 to le Mr. I.J., 19 , that I last as	w the deceased
alive on Febral 1, 19 , and that death occurred at	4.30 Pm., from the causes and on the date sta	tod above
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED ,
Swugh Blek M.D.	901 Fuselage an Baltune	emd 2/26/51
23. BURIAL, CREMATION DATE/THEREOF NAME OF CEMETER DEMOVAL (Specify) 2/27/5-/ MT. 11 E.	RMAN CAMEL COUNTY	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR WM. Good, Mc. 121 > 51. Pr	ADDRESS
		-

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Supply every item of information carefully. write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

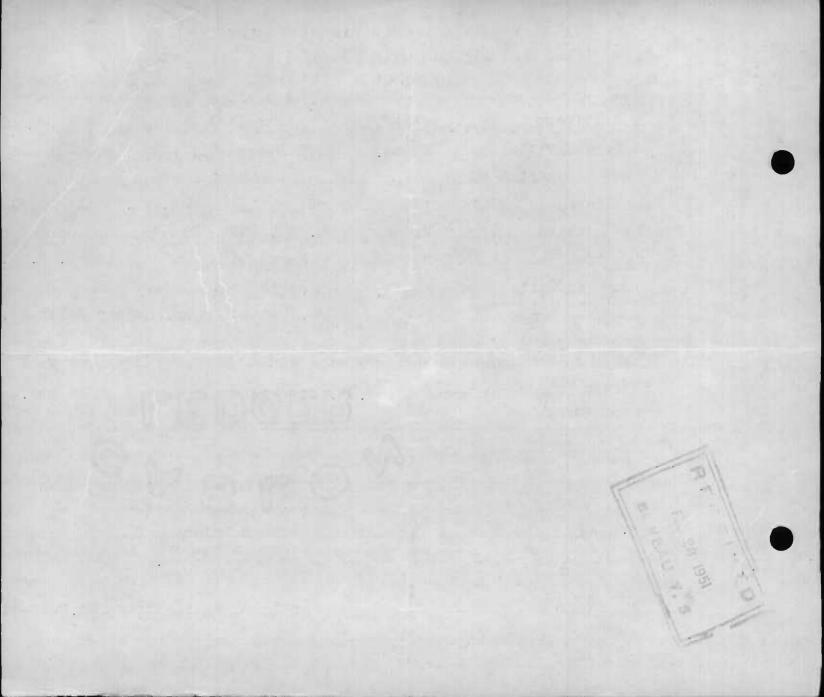
VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1. PLACE OF DEATH-				
Dalla		2. USUAL RESIDENCE (HO	OME) OF DECEASED.	
Baltimore	MARYLAND	STATE Manual or	COI	UNTY
CITY (If outside corporate limits, write RURA	AL and LENGTH OF STAY	CITY (If outside corporat	limits, write RIIPAL or	DAITO
OR give nearest town)	(in this plac			
HOSPITAL OR OWINGS Mills	6 mos	TOWN Owings	Manal, give location	
INSTITUTION OR		STREET ADDRESS	(Il Tural, give location	on)
STREET ADDRESS Sunset Ro	ad		t Road	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)) (Day) (Year)
DECEASED Unamala			OF -	
(Type or Print) Hannah 5. SEX 6. COLOR OR RACE	Elizabeth	Arendt	DEATH Feb.	21 51
or condition there	7. SINGLE, MARRIED,		. AGE last birthday If u	inder I year If under 24 hrs.
Female White	WIDOWED, DIVORCED, (Specify) WIDOWED	Mch. 12.1867	83 ym. l	Days Hours Min.
Female White	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) HOUSEWITE	Own home	Manuland		COUNTRY? S A
13. FATHER'S NAME	Own home	Maryland	TAME	1 U. D. A.
Charles Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES		Sarah Nes		
(Yes, ng or unknown) (If yes, give war or dates o	16. SOCIAL SECURITY No.	17. INFORMANT AND AD	DRESS	
NO mervice)	None	Mrs Lester	Brown Owin	cs Mills Md
	18. MEDICAL CE	ERTIFICATION	LICELL, CONTI	Ka milia, au
1 Digitages on compressions are serviced		MIII TOMITON		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		Discoso		7 80000
Immediate cause (a)	oronary Artery	Disease	**** ** .00**** ** *** ***********	l year
1/20 / 40400040000000000				
420. Antecedent cause(s)		T Diana		0
Diseases or conditions, if any, (b) H	lypertensive C.	-v. Disease	\$	9 yrs.
1 3cc stating the underlying cause last				
(c)				
II. OTHER SIGNIFICANT CONDITIONS				
H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Nema			
Conditions contributing in the death but not related to the disease or condition causing death				
Conditions contributing to the death but not				20. AUTOPSY1
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION			35
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F None 21. EXTERNAL CAUSE WAS 1 PLACE.	None	(CITY OR TO	WN) (GOID	Yes No X
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F None 21. EXTERNAL CAUSE WAS PLACE OF PRIMARY OR CONTRIBUTING OF	None E (Home, farm, factory, street, office bldg., etc.)	(CITY OR TO	WN) (COU	Yes No X
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F NONE 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. NONE	None CE (Home, farm, factory, street, office bldg., etc.) RY None			Yes No X
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F NONE 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. NONE INJU TIME (Month) (Day) (Year) (Hour) OF	None CE (Hame, farm, factory, street, office bldg., etc.) INJURY OCCURRED	HOW DID INJURY OCC	JR?	Yes No X
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F NONE 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. NONE TIME (Month) (Day) (Year) (Hour)	None CE (Home, farm, factory, street, office bldg., etc.) RY None	HOW DID INJURY OCC	JR?	Yes No X
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F None 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. None INJU TIME (Month) (Day) (Year) (Hour) OF INJURY None m,	None E (Hame, farm, factory, street, office bldg., etc.) RY INJURY OCCURED While at Not while work at work	How did Injury occi	ur? njury	Yes No X
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F None 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. None INJU TIME (Month) (Day) (Year) (Hour) OF INJURY None m,	None E (Hame, farm, factory, street, office bldg., etc.) RY INJURY OCCURED While at Not while work at work	How did Injury occi	ur? njury	Yes No X
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F NONE 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. NONE INJUTIME (Month) (Day) (Year) (Hour) OF INJURY NONE m. 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or	NONE CE (Home, farm, factory, street, office bldg., etc.) RY While at Not while work at work at work at more described above, held an A Inquiry, find that said dece	How DID INJURY OCC. Not. an i Autopsy , Inspection X, wascd died on the day stated	ur? njury	Yes No X
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F NONE 21. EXTERNAL CAUSE WAS PRIMARY OF COUSE OF DEATH. NONE INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY NONE m. 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or from: natural causes X agaident	NONE E (Home, farm, factory, street, office bldg., etc.) RY INJURY OCURRED While at Not while work at work at work at more considered above, held an Anquiry, find that said dece, suicide , homicide , suicide , homicide	HOW DID INJURY OCCUPANT Autopsy , Inspection X, wascd died on the dry stated undetermined .	ur? njury	Yes No X
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F NONE 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. NONE INJUTIME (Month) (Day) (Year) (Hour) OF INJURY NONE m. 22. I certify that I took charge of the remain obtained by said Autopsy. Inspection or	NONE CE (Home, farm, factory, street, office bldg., etc.) RY While at Not while work at work at work at more described above, held an A Inquiry, find that said dece	How DID INJURY OCC. Not. an i Autopsy , Inspection X, wascd died on the day stated	ur? njury	Yes No X
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F NONE 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. NONE INJUITME (Month) (Day) (Year) (Hour) OF INJURY NONE m. 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or from: natural causes in accident SIGNATURE	None E (Hame, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not while work at work at work at more ins described above, held an A Inquiry, find that said dece, suicide , homicide , (Degree or title)	Not an interpretation of the stated and the stated	njury Inquiry K thereon above, and death in	Yes No X
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F NONE 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. NONE INJUITIME (Month) (Day) (Year) (Hour) OF INJURY NONE m. 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or from: natural causes In accident Insurance	None E (Hame, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not while work at work at work at more ins described above, held an A Inquiry, find that said dece, suicide , homicide , (Degree or title)	Not an interpretation of the stated and the stated	Injury Inquiry X thereon above, and death in	NTY) (STATE) and from the evidence my opinion resulted DATE SIGNED
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F None 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF CAUSE OF DEATH. None INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY None m. 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or from: natural causes accident SIGNATURE 23. BURIAL, OUR ACTION DATE THEREO	None CE (Home, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not while work at work at work at mining find that said dece, suicide , homicide , (Degree or title) NAME OF CEMETE	How DID INJURY OCC. Not an i Autopsy , Inspection A, eased died on the day stated undetermined ADDRESS Hanover Road RY for CREMATORY LO	ur? njury	NTY) (STATE) and from the evidence my opinion resulted DATE SIGNED
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F NONE 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF CAUSE OF DEATH. NONE INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY NONE m. 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or from: natural causes accident SIGNATURE 23. BURIAL, OUR ACTION DATE THEREO	None CE (Home, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not while work at work at work at mining find that said dece, suicide , homicide , (Degree or title) NAME OF CEMETE	Not an interpretation of the stated and the stated	Inquiry A thereon above, and death in	Yes No X
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F NONE 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF CAUSE OF DEATH. NONE TIME (Month) (Day) (Year) (Hour) OF INJURY NONE 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or from: natural causes X, accident SIGNATURE 23. BURIAL, CHEMATION DATE THEREO REMOVAL, (SIR) Y	None E (Home, farm, factory, street, office bldg., etc.) INY INJURY OCCURRED While at Not while work at work at work at work at work at work and finguiry, find that said dece, suicide, homicide, (Degree or title) Instruction of the company o	How DID INJURY OCCURNO AND Autopsy , Inspection X, wasca died on the day stated undetermined ADDRESS Hanover Road RY OR CREMATORY LO	Injury Inquiry X thereon above, and death in	NTY) (STATE) and from the evidence my opinion resulted DATE SIGNED and 2 22 51 codnty) (State)
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F NONE 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. NONE TIME (Month) (Day) (Year) (Hour) OF INJURY NONE 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by said Autopsy, Inspection or from: natural causes of the remain obtained by sai	NONE CE (Hame, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Not while work at work at work at work and dece, suicide homicide (Degree or title) INJURY OCCURRED While at Not while at work at work at work at work at work at work. Inguiry, find that said dece, suicide homicide (Degree or title) INJURY OCCURRED Work at work at work at work at work.	How DID INJURY OCC. Not an i Autopsy , Inspection N, ascd died on the day stated undetermined ADDRESS Hanover Road RY OR CREMATORY LO	Injury Inquiry A thereon above, and death in Rejsterstow CATION (City, town, of	NTY) (STATE) and from the evidence my opinion resulted DATE SIGNED and 2 22 11 codnty) (State) ADDRESS
Conditions contributing in the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F NONE 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. NONE INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY NONE m. 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or from: natural causes of accident SIGNATURE 23. BURIAL, CHEFIATION DATE THEREOREMOVAL (SUSTY) DATE REC'D BY LOCAL REGISTRAR'S:	NONE CE (Hame, farm, factory, street, office bldg., etc.) INY INJURY OCCURRED While at Not while work at work at work at work at work at work and finguiry, find that said dece, suicide homicide, for the first and for the fir	How DID INJURY OCCURNO AND Autopsy , Inspection X, wasca died on the day stated undetermined ADDRESS Hanover Road RY OR CREMATORY LO	Injury Inquiry A thereon above, and death in Rejsterstow CATION (City, town, of	NTY) (STATE) and from the evidence my opinion resulted DATE SIGNED and 2 22 51 codnty) (State)



cofrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH. COUNTY Salto, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	
CITY (If quadde corporate limits, write RURAL and LENGTH OF STAY OR give parent with the Corporate limits, write RURAL and LENGTH OF STAY (In this, place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Fullerton	nearest town)
HOSPITAL OR INSTITUTION OR 752 9 Belain 21,	STREET (If rural, give location) ADDRESS 7529 Belair Rd.	
3. NAME OF DECEASED (First) Charles Hilbert	arthur DEATH Febr	(Day) (Year)
Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	July 22.1887 6 3 yrs.	Days Hours Min.
done during most of working life, even if retired) 10b. Kind or Business or Industry St. 16 Shall	unknown	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Arthur	Caroline Redding	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	
(service)	Mrs. Eva L. Ostigren - 920 W.	. North Ave
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- realization	OFSET AND DEATE
Immediate cause (a)		73
420. Antecedent cause(s)		18
Diseases or conditions, if any, (h) giving rise to the above cause	, eas (a. seas) seas (a. sea (
stating the underlying causa last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	I I	20. AUTOPSY?
The Division I amount the second of the seco		Yes No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m, work at work	HOW DID INJURY OCCUR?	
REMOVAL (Specify)	eased died on the day stated above, and death in my o	DATE SIGNED
\(\)	V 24 7 9	

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1233

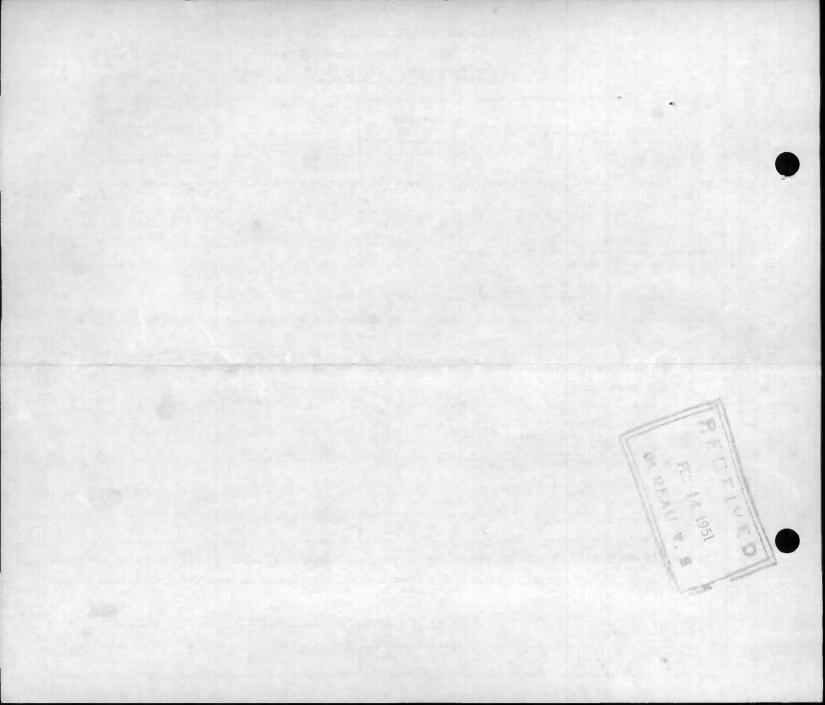
COUNTY			Z. USUAL RESIDENCE (F	OME) OF DECEASED.	
	Baltimore	MARYLAND	Pennsy	rlvania	
OR give nearest	town Fort Howard	AL and LENGTH OF STAY 25 days	OR Transfer	te limits, write RURAL and giv	e nearest town)
TOWN HOSPITAL OR	Fort Howard	12) days	TOWN HUNCLI	(If rural, give location)	
INSTITUTION OF STREET ADDRESS	R Vet.Adm.Hosp	Ft. Howard, Md.	ADDRESS Pine F		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	WILLIAM	ALFRED	BAITINGER	DEATH Februar	cy 4 19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH	9. AGE last birtbday If under !	year H under 24 hrs.
Male	White	(Specify) Single	6-15-26	24 yrm. Months	Days Hours Min.
done during most of w	ATION (Give kind of work rorking life, evon if retired)	INDUSTRY ROOWN	Philadelphia, 14. MOTHER'S MAIDEN		CITIZEN OF WHAT
13. FATHER'S NAM					
William Ba			Pauline Krame	er	
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
Yes	(If yes, give war or dates of leervice)	Unknown	Clin.Rec., Vet	Adm. Hosp. Ft. Hor	ward Md
		18. MEDICAL CE			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		MALIGNANT MELANOM	A METASTATIO TO	TIINES TIMES	
Immediate	e cause (a)		, LYMPH NODES AT		24 303400
Anteceder	nt cause(s)	KIDNEIS, SPIESN	, LIMPH NODES AT	D SVIII	3章 YEARS
	conditions, if any, (b)	*****	0-04	0.000.00.00.00.00.00.00.00.00.00.00.00.	
stating the u	inderlying cause last				
	(c)				
Conditions contribu	CANT CONDITIONS sting to the death but not se or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes X No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR T	OWN) (COUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	CUR?	
OF INJURY	m.	While at Not While Work At work			
	if that Mattanded the	e deceased from Jan. 1	0 1057 to Feb. 1	10 51 3533377733533	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MYCODOGO	00000000d0000 an	d that death occurred at (Degree or title)	3:30 A.m., from the ADDRESS	causes and on the date sta	ted above. DATE SIGNED
Walter R.	Benson, M.D.	VAII Fort Howard	, Maryland	2	-4-51
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE THEREO	NAME OF CEMETE Lawnview Cem		OCATION (City, town, or count Rockledge, Penna.	y) (State)
DATE REC'D BY		SIGNATURE RECEIVE	24 FUNERA BPIRECTO 6009 Harford R	Funeral Home toad, Balto, Md.	ADDRESS
		NOT	Mildred ~	1. Blight & O	35 VVV

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1240

COUNTY COUNTY	STATE COUNTY
MARYLAND	ma Divia
CITY (If outside corporate limits, write RURAL and OR give nearest town) OR give nearest town (in this place)	CITY (If outside corporate limits, write BURAL and give nearest town) OR TOWN A Cheliffyell
HOSPITAL OR INSTITUTION OR STREET ADDRESS TO LET Neurseng Home	STREET ADDRESS Juffou (If rural give location)
3. NAME OF DECEASED (Type or Print) JOHN Edward F	BAREHAM 4. DATE (Month) (Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. 7 2 yrs. If under 24 hrs. Months. Days Illours Min.
done during most of rorking life, even if retired) 10b. Kind of Business on Industry Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY SA
13. FATHER'S NAME LO Bareham	Mother's Martin Name.
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	Wine Bareham, Coolegical and
IS. MEDICAL CE	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Orterio sclerol	ic Heart Fisease. 2 yrs
420, O Antecedent cause(s)	L'arterios derovio. ?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	ind Heart 2400
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	us alces 240
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. ACTOPSYT
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from frue	, 1940, to 2. 9. 1951, that I last saw the deceased
alive on 2, 195/., and that death occurred at /.	O.: 30 A.m., from the causes and on the date stated above. ADDRESS DATE SIGNED
Wokath we m.D.	3105 n. Charles St. Balto 18. Jul.
23. BURIAL, CREMATION DATE NAME OF CEMETE REMOVAL (Specify) 7-17-1951 Lymburg	el Gleneve, Mill. 2-9-51
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2 12 51 W. J. Chilcon	24. FUNERAL DIRECTOR SAUCH ADDRESS



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..

	neg. Dist. 10	J
1. PLACE OF DEATH- COUNTY BOUTHAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	Y
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR giventagest town) TOWN township the state of the stat	CITY (If outside corporate limits, write RURAL and given Baltimore	re nearest town)
HOSPITAL OR INSTITUTION OR IN THE day I Trust	STREET (If rural, give location) ADDRESS 333 N. Charles Sta	V
3. NAME OF (First) (Middle) / DECEASED (Type or Print) MARGARET	BARGAR 14. DATE (Month) DEATH Turny	(Day) (Year) 19 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCHD, (Specify) Sayed,	8. DATE OF BIRTH 9. AGE last birthday II under Montha	J year If under 24 hr Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NUSTRY OF BUSINESS OR INDUSTRY OF SAIN	Maryland	COUNTRY?
13. FATHER'S NAME Henry Bargar	14. MOTHER'S MAIDEN NAME Elizabeth Anderson	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	Miss Katharine Magness - 1362	Homestead S
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 0 4	ONSET AND DEATH
Immediate cause (a) Carcumomo	UN Bright	3 year
70 × Immediate cause		
Antecedent cause(s)	V	
giving rise to the above cause	***************************************	
atating the underlying cause last		
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	0, 0	20. AUTOPSY?
1949 Cancer M	Buss	Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work A work	HOW DID INJURY OCCUR?	
	1950, to FW19, 195/, that I last s	aw the deceased
alive on 2-17, 195, and that death occurred at SIGNATURE	ADDRESS from the causes and on the date st	ated above. DATE SIGNED
maurice C. Porter feel m. U	I-tamps teal, ma	2/19/51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE 2/22/12/ Balto. Ce		ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2/20/5/ Q. W. Hescich	24 FUNERAL DIRECTOR SUBJECT SOMS-	- Dullo
57	0578	my

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

S. A15

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Ballimore

1242

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	ck of
Addisonar MARYLAND	vua -	Freco.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	OR TOWN Fallemore	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opita Mursing Home	STREET ADDRESS 36/1 Spandam	o Che V
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Barnes 4. DATE (Month) OF DEATH For	(Day) (Year) 2 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWELD, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		COUNTRY? WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	m
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS /	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Franchofoneum		2 days
450,0 Antecedent cause(s) Service Elegence	ation, permanged;	oyu,
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		2 whi.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No R
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
alive on 1961, and that death occurred at	ADDRESS and on the date st	ated above, DATE SIGNED
23. BURYALZ CREMATION BATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	L, 3-195 ty) $= 4$ State)
REMOVAL (Specify) Feb 5, 1957 Calkbans	1 1/2	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2/5/5/ A. Desluck	Josing Byers 5005 Harle	Hatitale
JE	0 0	

2411 N. Charles Street, Baltimore

1243

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH	(•		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Baltimore	MARYLAND	STATE Md. Baltum	r e
CITY (If outside co	rporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
TOWN TWYT	n dak Upland	Is (in this place)	Town Gwynn Oak Uplands	
HOSPITAL OR INSTITUTION OR			ADDRESS 5300 Currende la Area	
STREET ADDRES	s 5300 Gwynn	dale Ave.,	ADDRESS 5300 Gwynndale Ave.	9
3. NAME OF	(First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	Martha Wa			21, 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIYORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs. Days Hours Min.
Female	White	(Specify) W 100Wed	June 27, 1870 80 yrs. 1	Days Hours Min.
10a. USUAL OCCUPA	TICN (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
At Home			Md.	COUNTAIL
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME	
Jurant Ba			Sarah Davis	
15. WAS DECRASED EV	TER IN U.S. ARMED FORCES (If year, give war or dates of service)	? 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	2
no	service)	none M:	rs.Mary T. Terry 5300 Gwynnd	ale Ave.,
		18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY			ONSET AND DEATH
		9 / mile	in of OA.a.	24.
Immediate	cause (a)			700
442 X Anteceden	t cause(s)	-	- 10 11 1 A 0	
Diseases or e	conditions, if any, (b)	arlinoxeler	la Cerchi Vace / Gunt	824
giving rise to	the above cause nderlying cause last	10.		
	(c)	William		
II. OTHER SIGNIFI Conditions contribu	ting to the death but not			
	se or condition causing deat	th. FINDINGS OF OPERATION		1 00 AVITONOVA
19a. DATE OF OPE	KATION 199. MAJOR I	FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No
SUICIDE	OF	office bldg., etc.)	(CITT OR TOWN) (COUNTY) (STATE)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF		While at Not While	How Did Awar Goods.	
INJURY	m.		11	
22. I hereby certi	fy that I attended the	e deceased from. Au	, 19.47 to Feb. 24, 19.51, that I last	saw the deceased
1	1 ~			
alive on.	- 7.3 , 19 5 /, an	(Degree or title)	ADDRESS	DATE SIGNED
SIGNATURE	DI TEAM	1 1	11500 80 0 THE DT) ACT 44
DNI	than 1 min	14 W	45 19 Liberty HAMAIC	Maria My.
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE	NAME OF CEMETE	RY OR CREMATORY LOCATION City, town, or cour	ty) (State)
Burial	1 2-20-13		Harrison ville,	Md.
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	G. Howard Strong 3207 W. Nor	ADDRESS
1/13/				
7/65-/	5/1 9	Hearich	de noward berong ozor we not	on Ave.,

VS. A15

The correct age

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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1	1	4	Y

IIM No.	G	1	Z CEED	1/1	CERTIFICATE OF DEAT	H
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AND THE TENTE	
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-
13ALTIMORE MARYLAND	MAKYUMND
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALY
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 2924 CORIVERLL RD
3. NAME OF (First) (Mlddle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CORRIE BEA	MAN DEATH FEB / 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Months Days Hours Min.
FEMALE WHITE (Specify) WIDGHED	DEC /3/860 70 yrs.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
AT HOME	SOUTH CAROLINA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NEAL ANDREWS	EMILY MCKNIGHT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT 7 G2 4
(Yes, no, or unknown) (If yes, give war or dates of service)	MRSDORA WELSH - CORNWALL RD
18. MEDICAL CER	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
A DISEASON ON COMPILIONS DIVISORDI MANDENO TO BEATH	ONSEI AND DEATH
Immediate cause (a) Cardiae f	arlure 2 days
334x Initiodiate cause	
Antecedent cause(s)	
9 7 Diseases or conditions, if any, (h) giving rise to the above cause	***************************************
	coronary arteriosclerosis (2/13/51 akc)
(c)	colonary at ter resolutions (L) roy or ale
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY!
	V 0 N- 0
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(OILLOW TOWN) (COUNTLY) (CIALLY)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from	, 1948, to
3,0,0,0	
	R.:m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
" (mu) aus his	2900 Junsan Rd. Budalh, 22 182151
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER PEROVAL (Specify) 2/2/5/ FRIENDS	HIP G-REER. S.C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/5) /www.	ULLRICH FUNDROCHOME BUNDAUX AU
	TO TO I VIVE I VIVE IN TO TO THE AU

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

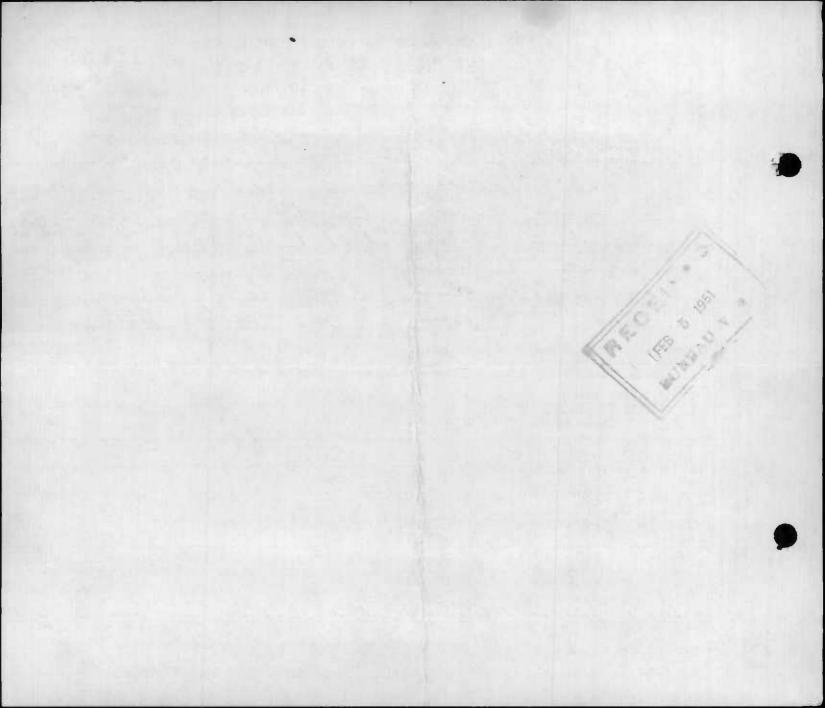
VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1246

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	0
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN give nearest town town (in this place)	OR TOWN Caloumille	
HOSPITAL OR INSTITUTION OR	STREET (If ru al give loration)	0
STREET ADDRESS 23/8 / ones dans	23/8// one	s Lane
3. NAME OF DECEASED (Type or Print) Albert	Bowley 4. DATE (Month) OF DEATH To be	(Day) (Year)
6. SEX S. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under Mosths	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10b. Kind of Business of Industry		CITIZEN OF WHAT
13. FATHER'S NAME J Bewley	Mary 14 Kaise	4
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of larvice)	17. INFORMANT Barbar Smith	Cata
18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
	- malinina	
420 Immediate cause (a)		1 A G G R R R R R R R R R R R R R R R R R
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last	**************************************	
(c)		900
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, SIGNATURE	used died on the dry stated above, and death in my undetermined ADDRESS Lo 1010 Leede on	DATE SIGNED 2 - 2-57
Burta (Stoffy) Feb. 3, 1951. New Cather	ry OR CREMATORY LOCATION (City, town, or count,	ausland.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2-3-5-1 Extrary	Laston Gons Cotonsville	28 md.
	510	VVV



correct age M

The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

		CERTIFICAT	E OF DEAT	H Reg. Dist. N	٧o
I. PLACE OF DEAT	H •		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimor		MARYLAND	STATE	COUN	TY
CITY (If outside c	orporate limits, write RUR. town). nSVille		CITY (If outside corpor	nte limite, write RURAL and g Rose Street	give nearest town)
HOSPITAL OR	HISATITE	Ili days	TOWN 522 No	(If rural, give location)	
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Spring Grov	e State Hospital		cimore	
3. NAME OF DECEASED (Type or Print)	(First) MARGARET	(Middle)	(Last) BODINE	4. DATE (Month) OF DEATH Februar	(Day) (Year) Y 17, 1951
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	Nov. 14, 1873	9. AGE last birthday If unde	
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT
done during most of v Seamst	vorking life, even if retired)	Industry Sewing	Baltimore, Ma		COUNTRY?
	s Bodine			eth Frank	
	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
	(If yes, give war or dates (service)			ds, Catonsville	28, Md.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
44 Immediat	e cause (a)	Pneumonia, both	lower lobes	>=====================================	4 days
Discours on	nf cause(s) conditions, if any, (b)	Hypertensive ca	rdio-vascular d	isease	Unknown
	o the above cause underlying cause last (c)	Generalized art	eri osclerosis		Unknown
Conditions contribu	ICANT CONDITIONS utling to the death but not use or condition causing deat				OHAHOWH
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY	
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
			1		
22. I hereby cert	ify that I attended the	e deceased from Jan 15	, 19.51., to Feb	1.7., 19.51, that I last	saw the deceased
alive onFe	b. 16., 1951., an	d that death occurred at I	2:15a.m., from the	causes and on the date	stated above. DATE SIGNED
Plouve	Deringer	Sora in f	sin brove	It. fogs	2-17-57
23. BURIAL, ORDER	DATE THERE	NAME OF CEMEZE	01/	LOCATION (City, town, or cou	Md. (State)
DATE REC'D BY	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO	1217 St. Paul	ADDRESS
				1	

S. A15

The correct

MARYLAND STATE DEPARTMENT OF HEALTH

Evidence change item 8 on 2411 N. Charles Street, Baltimore

	1 ~	40 28
g.	Dist.	No.

544246

G 131 FEB 23 1951 CERTIFICAT	TE OF DEATH Reg. Dist. No	~0
131 FEB 23 1951		
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Balto CO MARYLAND	no Balto	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN 3043 PUTTU HILLAY 21 22 475	TOWN 3043 Putty Hill-Aye	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS 3043 Putty.Hill Ave	1 3043 Putty Hill AV.	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Herber	DOW IN A N DEATH Tab	9 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MGZY14d	8. DATE OF BIRTH AGE last birthday If under Months	Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
Machinasi (1)2/1/2/242 60	13A	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Chas. P. Bowman	Mary Lane	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
NO [service) 12/3-07-75 / 6	Mr. HaberTC BONIMAN 3041 Put	Ty 4211 AV-2
18. MEDICAL CE	SKIIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Coronary	Occlusion	10 Min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	arditis, Ventrucular flock	4 Month
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Not While at Work		
22. I hereby certify that I attended the deceased fromFeb		
	7,259 m., from the causes and on the date st	ated above. DATE SIGNED
SIGNATURE (Degree of title) Hardel H Burns 7952	Harford Rd pourboille in	1 2/10/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) 2/13/5-1 PATK VYO		nd
DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. Q/12/51 4.M. Dacou	Lassalm Furnal Home 7401	Belzin Rd

529N. Charles Dr. H. Burns

2823 Linwood



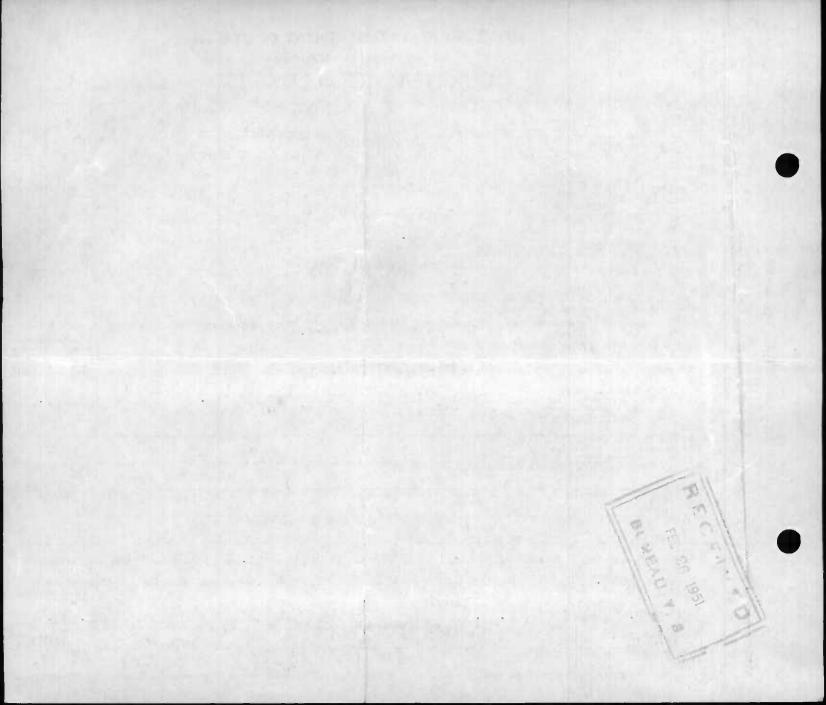
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

-						
1. PLACE COUN	TY DEAT	H. Baltimore	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Harbyd.		
CITY OR TOWN	CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Catonsville Since 6/3/49			OR TOWN Falls	rate limits, write RURAL and gi	ve nearest town)
INSTI	TAL OR TUTION O' ET ADDRE			STREET ADDRESS	(If rural, give location)	
3. NAME	OF	(First)	(Middle)	(Last)	1 4. DATE (Month)	(Day) (Year)
DECEA (Type		George	W. B	RADFORD	OF DEATH Februar	y 24 151
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIO.	s. DATE OF BIRTH 9-28-1875	9. AGE iast hirthday If under Months	1 year If under 24 hrs. Days Hours Min.
done dur	AL OCCUP	ATION (Give kind of work working life, even if retired)	Tamilland 4	II. BIRTHPLACE (State	or foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
	HER'S NAM			14. MOTHER'S MAIDEN	NAME	VV
	Sam Br	adford		Rosa ?		
15. WAS	DECRASED E	VER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	
(Yes, no, c	or unknown)	(If yes, give war or dates service)		Hospital reco		
			18. MEDICAL CE	RTIFICATION		
I. DISEA	SES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
	Immediat	e cause (a)	Acute myocardial f	ailure		24 hours
422,1	Diseases or		Arterio sclerotic	cardio-vascular	dis.	indef.
93d	giving rise t stating the u	o the above cause underlying cause last				
Condit	tions contribu	(c) CANT CONDITIONS uting to the death but not use or condition causing dea	th.			
			FINDINGS OF OPERATION		****	20. AUTOPSY?
						Yes No 🖸
21. ACCI SUIC HOM		(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN) (COUNTY	
	E (Month)	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CCUR?	
22. I h	ereby cert	ify that I attended th	e deceased fromJune.	3, 1949., to Febr.	24 19.51, that I last	saw the deceased
	re on Fe	br. 24, 1951, a	nd that death occurred at	9:50 P.m., from the	e causes and on the date s	tated above. DATE SIGNED
Abrah 23, BUR	IAL, OREM	Schneidmuhl M	OF A NAME OF GENETE	pring Grove Hos	pital Fe	ebr. 24, 1951 (State)
But	IAL, OREM	LOCAL REGISTRAR'S	193/ 7 tree Ru	24. PONEDAL DIRECTO	Variond de	ADDRESS
REG.	$\frac{\text{REC'D BY}}{2/257}$	5-/ REGISTRATES	SIGNATURE Weslevan	7.Madies	m Mitchell	ADDRESS
	1	/	1	971110	Slaured W. cal	mi



R BINDING every item of information carefully. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

Part of the latest and the latest an					
I. PLACE OF DEATH	· timore	MARYLAND	2. USUAL RESIDENCE (STATE Marvl	COIN	TY
CITY (If outside co	orporate limits, write RURA town Catonsville		CITY (If outside corpor OR TOWN Balti	rate limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	S Committee Committee	State Hospital		Rappolla St.	
3. NAME OF		(2013)			
DECEASED (Type or Print)	CatheRIN		Brady	4. DATE (Month) OF DEATH 2	(Day) (Year) 28 195/
Female	% COLOR OF RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	April 1878	9. AGE last hirthday If under Month	or 1 year If under 24 hrs.
done during most of w	ATION (Give kind of work toking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOME	Baltimore,	or foreign country)	I2. CITIZEN OF WHAT
13. FATHER'S NAM		120.00	14. MOTHER'S MAIDEN	JNAME	0.0.
	William Smi		Cather	ine Romple	
(Yes no. or unknown)	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
No	(If yes, give war or dates of lacrvice)		Hospital Re	cords	
		18. MEDICAL CE			
I DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN
I. DIDLINID ON OU		The state of the s	- 1 . 1		ONSET AND DEATH
Immediate	e cause (a)	Cardio respirat	ory facture	<u></u>	1003 · • • • • • • • • • • • • • • • • • •
Diseases or c	nt cause(s) conditions, if any, the above cause	Luctic cardio	vas cular di	sease	Indef.
30 - stating the u	nderlying cause last (c)	General ized	arterio scle	Rosis	Indef.
Conditions contribu	CANT CONDITIONS sting to the death but not se or condition causing death	h.			
		INDINGS OF OPERATION			1 20. AUTOPSY!
					V
21. ACCIDENT	(Specify) PLAC	E (Home, farm, factory, street,	: (CITY OR	TOWN) (COUNTY	Yes No No Y
SUICIDE HOMICIDE	OF INJU	office bldg., ctc.)			(SIAIE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certi	ify that I attended the	deceased from 11/18	, 19-50, to 2/28	, 1957., that I last	saw the deceased
0		•			
alive ona	(6.6, 19.4, and	d that death occurred at			
SIGNATURE	Sara E. B	ennet Pegree or title)	ADDRESS Spring	Grove Hospital	DATE SIGNED
	Sara E	· Bonnett, V	1. D. Catons	ville 28, Md.	2-28-51
REMOVAL (Special Principal	ATION DATE THEREO			Balto. Md.	nty) (State)
DATE REC'D BY		SIGNATURE	Ver Com	OR MALE	ADDRESS
REG.	1	/		3000 E Babto	
= 1-2			THE THORWAY	Deco I Paper.	000
9			1	4	A STATE OF THE PARTY OF THE PAR

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

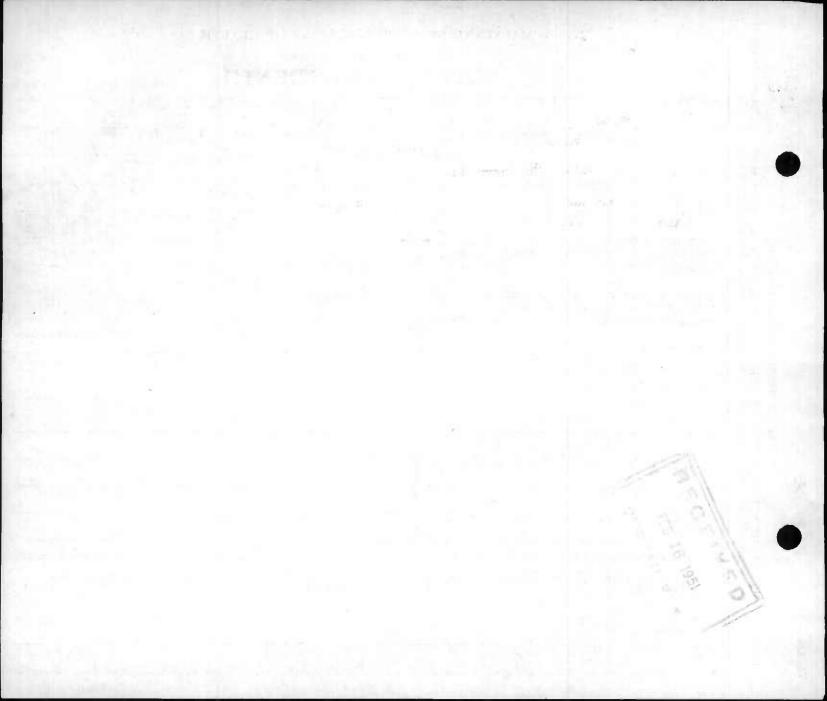
1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Y
CITY (If outside corporate limits, write RURAL and LENGTH, OF STAY	CITY (IL outside corporate limits, write RURAL and give	YORC
TOWN give nearest town) (is the place)	TOWN SPARROWS POINT 19.	vo nearest town,
HOSPITAL OR INSTITUTION OR INSTITUTI	STREET (If rural, give location)	
STREET ADDRESS DO SOI CRS POIN MOLO AND	616 J STREET	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) / JUNY / ME)	DEATH PEDAYA	
6. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9. AGE last hirthday If under Months	Days Hours Min.
14- HOLLAT OCCUPATION (Cite bind of work 10h Kinn or Business of	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT
Danie during most of working life, even if retired INDUSTRYS TEEL PLANT		COUNTRY STATES
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	NI ICC OTHIO
James Fulks	Elvira Holmes	
15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS	- 0
(Yes, no, or unknown) (If yes, give war or dates of 219 22 1207	MRS. EllA Mae Nalkins 616	6 J St. SP. Lt. 19 ml
18. MEDICAL CE	RTIFICATION	T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Ne Spiratory F	asture	Kiniss
Immediate cause (a)	×2	
Antecedent cause(s) Diseases or conditions, if any, (b) Broncho - PNE4	MONIQ	24 hours
giving rise to the above cause		
	EAST @ GARCINOMA OF CERVIX	Bloth - 14 th
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	/0 / -1 200	20. AUTOPSY?
March 11, 1950 Lancinoma Night BREAST -1	Mastec 6 M (Right) March 11, 1950	Yes No N
21. ACCIDENT (Specify) SUICIDE OF Office bldg., etc.) HOMICIDE NO NO INJURY	(CITY OR TOWN) / (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID, INJURY OCCUR?	
OF INJURY NO IN JURY m. While at Not While Work		
22. I hereby certify that I attended the deceased from manah 1	0 1950 tolehR4ARY24 195/ that I last a	aw the deceased
	0 70-	
alive on CON LARY 19. 1, and that death occurred at	ADDRESS	ated above. DATE SIGNED
of Mis a good man	on of America Durilares	061
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
REMOVAL (Specify) 2/28/57 Mr. 60	home (1.1.6)	md.
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR	ADDRESS
RED 26/5/ HEW reduced	Samuel W. Olllwamper -	- Balto:
1 - 1 - 1 - Day /	/12	10.241

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1252

1. PLACE OF DEAT COUNTY B	н. alto	MARYLAND	2. USUAL RESIDENCE (HOME) OF DEC	EASED. COUNTY	Balto	
CITY (If nutside of OR give neares	corporate limits, write Rust town) Balto		OR TOWN Balto	30	-	nearest tow	n)
HOSPITAL OR INSTITUTION C STREET ADDRE	DR Belair Rd	Perry Hall	STREET ADDRESS Belair	Rd Perry	rive location) Hall Ful	lerton	Po
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
DECEASED (Type or Print)	Walter.		Bright	OF DEATH	Feb.	4	195/
5. SEMale	6. COWOR OF RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Dec 8 1888	62	yrs.	Days Hour	Min.
done during must of	PATION (Give kind of won working life, even if retired	k 10b. KIND OF BUSINESS OR	PA PA		12.	CITIZEN OF	WHAT
13. FATHER'S NAT Paul	ME Bright		14. MOTHER'S MAIDEN				
15. WAS DECEASED I	EVER IN U.S. ARMED FORCE (If yes, give war or dat service)	res of 201-I2-5879	Mrs W W Brigh	t Belair	Rd.Perry	Hall, L	Id.
		18. MEDICAL CI	ERTIFICATION				
		Y LEADING TO DEATH Corounny the	sub you			ONSET AND	DEATH
H20.1 Immedia	ate cause (a).			401111111111111111111111111111111111111	e		
	ant sauga(g)						
Qua Diseases or	ent cause(s) r conditions, if any, to the above cause underlying cause last	200 00 000 000 000 000 000 000 000 000		puni) (40 g a a a a a a a a a a a a a a a a a a	ψ, αφολ	00 00 00 000 01-000 0102 008	o - o co o o o o o o o o o o o o o o o o o o
	(c)						
Conditions contri	FICANT CONDITIONS buting to the death hut no case or condition causing d	eath.					
19a. DATE OF OP	ERATION 19b. MAJO	R FINDINGS OF OPERATION				20. AUTO	PSY?
1000 21112 02 01.						Yes 🗇	Nn 🗆
AL ACCIDING	(On colfee) D	ACE (Hnme, farm, factory, street,	(CITY OR	TOWN	(COUNTY)	(STAT	
21. ACCIDENT SUICIDE HOMICIDE	01		(CIII OX	101111)	(000111)	(02122	
TIME (Month) OF INJURY) (Day) (Year) (Hnur m	While at Nnt While	HOW DID INJURY OF	CCUR7			
22. I hereby cer	tify that I attended	the deceased from	2, 1951, to Feb.	4, 1951,	that I last sa	w the dec	eased
alive on	26.4,1951,	and that death occurred at	ADDRESS from the	causes and or	n the date sta	ted above	GNED
00	ue glevir	, M.D. 6	222 Belavill	roel, Bac	es 6, less	126.5	11151
23. BURIAL, CREI REMOVAL. (Sp. Burial	MATION DATE THEI		ERY OR CREMATORY Scranton PA 24 FUNERAL DIRECT	LOCATION (City Scran			PA
DATE REC'D BY		S SIGNATURE	Lassalin. In	A	me)401B	ADDRES	co
///					763	377	



The correct

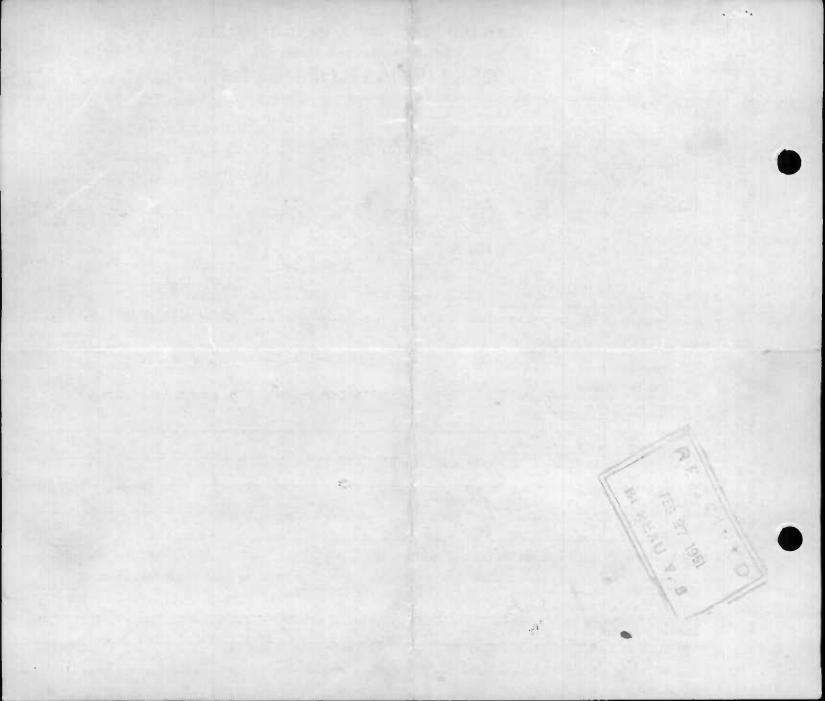
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1253

CERTIFICATE OF DEATH

1. PLACE OF DEAT	H.		STATE	HOME) OF DECEASED.	TV
COUNTY Balt	timore	MARYLAND	Maryland	i Baltimo	ore
		AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL and	give nearest town)
OR give nearest TOWN	itonsville	(in 3this place)	TOWN Cate	onsville	
HOSPITAL OR			STREET	(If rural, give location)	
INSTITUTION OF	ss 200 Blooms	nury Avenue	ADDRESS 200 B	Loomsbury Avenue	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	BEULAH	CHRISTINA B	ROSENNE	OF DEATH Fel	b. 21st., 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last hirthday If under Month	er 1 year If under 24 hrs. s Days Hours Min.
Female	Mhite ATION (Give kind of work	(Specify) Married	9/21/1887 11. BIRTHPLACE (State	63 yrs. l	12. CITIZEN OF WHAT
done during most of	vorking life, even if retired)	INDUSTRY	II. BIRTHFLACE (SCACE)	or foreign country)	COUNTRY?
House	vorking life, even if retired)	Own home	Maryland		U.S.A.
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN	NAME	
	nthony Stromber		Mary Ell	en Flanagan	
	VER IN U.S. ARMED FORCES (If yes, give war or dates		17. INFORMANT AND	ADDRESS	
No.	service)	None	Mr Henry J. B.	rosenne Catonsvi	lle. Md.
		18. MEDICAL CE			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	2	A	INTERVAL BETWEEN ONSET AND DEATH
			man	(Ved	1 8-
Immediat	e cause (a)	ya		Various .	
Anteceder	nt cause(s)	(1)	0/1)'	1 1m)
Diseases or	conditions, if any, (b)	Eun	and the	mornator	01145
giving rise t	o the above cause inderlying cause last				
sound the t	indertying cause last				
11 OTHER STONIE	CANT CONDITIONS				1
Conditions contribu	uting to the death hut not use or condition causing dear	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No IX
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNT	
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	I INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF		While at Not While Work	11011 212 1110111 00		
INJURY	m.	7	1-1-	1	
22. I hereby cert	ify that I attended th		- · · · ·	, 19.4/, that I last	
alive on	19.5 , ar	d that death occurred at	9. A.m., from the	causes and on the date	stated above.
SIGNATURE	1 -	(Degree or title)	ADDRESS		DATE SIGNED
Jam	es l'Talz	interes 11/2	1,721/Noh	ex ansity	5 2/3/51
BURIAL, CREM	ATION DATE THERE	OF NAME OF COMETE	RY OR CREMATORY	LOCATION (City, town, or cov	inty) (State)
Durial	1 2/20/2	l New Cathe		Baltimore, Md	V
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO)R	ADDRESS
2/25/5	11/6/	Harry	Loaston	(Ons) Catons	ville, Md.
	/				



1254

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

POR MEDICAL	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Baltimore MARYLAND	STATE COUNTY Maryland
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
Town Catonsville (in this place)	OR Baltimore
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	ADDRESS 1913 W. North Avenue
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED	OF
(Type or Print) ANITA TRENT 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	BROWN DEATH February 16, 19 5. 8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs
WIDOWED, DIVORCED,	Months Days Hours Min.
Female White (Specify) married 10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or	Jan. 0, 1920 25 yrs. 1 10
done during most of working life, even if retlred) INDUSTRY	COUNTRY?
Business machine operator Business Machin	de Baltimore, Maryland United State
John Albert Trent	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Helen B. Wimbrough
(Yes, no, or unknown) (If yes, give war or dates of	
service)	Hospital Records, Catonsville 28, Md.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
< /TIMELLIA	NANHIII EtANIGHAISHI
556× Immediate cause (a)	(444)
Antocodent cause(a)	r unit
Diseases or conditions, if any, giving rise to the above cause	
stating the underlying cause last Atelectatic	areas in lung
(c) holescyster	long the pludestyning
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	Y M
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
_ 1-17-571 Choleseysterland	Tappenduelmy Yes No 12
21. FATERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY or CONTRIBUTING OF office fidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
PRIMARY OR CONTRIBUTING OF office fldg., etc.) CAUSE OF DEATH.	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?
INJURY m. work at work	
22 I with that I took shows of the semained assembled shows held a	I Institute The
22. I certify that I took charge of the remains described above, held an A	ased died on the day stated above, and death in my opinion resulted
from: natural causes , accident , suicide , homicide ,	undetermined \(\sigma\).
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
The full mich	10 1to 1010 to 10 (mx 2-11-5
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR GREMATORY LOCATION (City, town, or county) (State)
(1) continue (1) (2)	
Juniar 15/1 Jan	124 FUNEDAL DIRECTOR ADDRESS
REG. 2	24. FUNERAL DIRECTOR ADDRESS
REG. 21,9/57 GW He duck	M - 001 (Jul. /21 / d. Jaul 4.
VTV	190357
	6

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH						
COUNTY			2. USUAL RESIDENCE (I		v	
Baltlmore Maryland			Maryland			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY			CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN	fort Howard	2 (in this place)	OR TOWN Baltin	nore 23		
HOSPITAL OR			STREET	(If rural, give location)		
INSTITUTION OF	Vet.Adm.Host	.,Ft.Howard,Md.	ADDRESS 7078 W	Tarrimetan Chan	-1	
3. NAME OF				. Lexington Street		
DECEASED	(First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Year)	
(Type or Print)	JOHN	(NMI)	BURKE	DEATH FEDRUAL		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	6. DATE OF BIRTH	9. AGE last birthday If under Months	I year If under 24 hre	
Male	Colored	WIDOWED, DIVORCED, (Specify) Widowed	7-4-86	64 yrs. Months	Days Hours Min.	
	ATION (Give kiod of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State o	r foreign country) 1	2. CITIZEN OF WHAT	
done during most of w	orking life, evon if retired)	Themesal Thank	Baltimore, Ma	ryland	COUNTRY? US A	
13. FATHER'S NAM	E	- mea- van	14. MOTHER'S MAIDEN	NAME	UDA	
Isaac Burk			Unknown	2 4 2 2 4 4 2 2		
	ER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.				
	(Il yes, give war or dates		17. INFORMANT AND	ADDRESS		
Yes	service) WW I	" Unknown	Clin.Rec., vet	.Adm. Hosp., Ft. Hor	ward, Md.	
4		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH	
11 010211022 011 00					UNBUT AND DEATH	
ILD. I = Immediate	ET ET	cephalomalacia an	d cerebral hemor	rhages	unknown	
434.3 Immediate	cause	1	T. T			
Anteceden	t cause(s)	mtomicoolomoic -	e	7		
950 Diseases or c giving rise to	onditions, if any, (b)	rteriosclerosis o		ELS	unknown	
stating the u	the above cause nderlying cause last	Cardiac hypertroph	y & Dilatation		unknown	
	(c)				1	
II. OTHER SIGNIFIC					1	
Conditions contribu	ting to the death hut not se or condition causing deat	h				
		FINDINGS OF OPERATION			1 20. AUTOPSY?	
198. DAIL OF OLD	LATION ISB. MASON	INDINGS OF OFERENON			20. AUTOPSYT	
	1				Yes No 🗆	
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNTY)	(STATE)	
HOMICIDE	INJ	JRY				
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?		
OF INJURY	m.	While at Not While Work At work				
22. I hereby certi	fy that Vattended th	e deceased from Feb. 1	1. 19.51, to Feb. 1	6 19.51 XKGEXIXISTEX	DOCHO AND	
(/)	0					
MHALL CONTROL	ADDOORSON AND ADDOORS AND	d that death occurred at	2.50 P. m., from the	causes and on the date st		
SIGNATURE	Il men	(Degree or title)	ADDRESS		DATE SIGNED	
1 Cong	come					
GEORGE LEAN	ER. M.D. VAH F	ORT HOWARD, MD.	DY OR ORDER	0.01.001.101	2-17-51	
23. BURIAL, CREMA REMOVAL, (Speci				OCATION (City, town, or coun		
Burial	1700-111	201201101		5501 Frederick Av	e.Balto.Md.	
DATE REC'D BY I	OCAL REGISTRARS		24. FUNERAL DIRECTO	R	ADDRESS	
REG. 2 /20/	5/1 (1	W. Acduch	Mrs. Katie R. Wi	illiams, 322 N. Sch	roederSt.	
		1.7				
. /		31	Mistatu K. Wi	Cliama 322 1. Sch	well & con	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1250

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY to ISVILLE				
BA COITS VILLE MARYLAND					
CITY (If outside corporate limits, write RURAL and OR give nearest town) Baltimore (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore				
HOSPITAL OR	STREET (If rural, give location)				
INSTITUTION OR STREET ADDRESS 833 Braeside Avenue	ADDRESS 833 Brasside Avenue				
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)				
(Type of Print) Mary Josephine Cimo	orelli DEATH Feb. 21st 1951				
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done using nos of working life even fremed) Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13. EATHER'S NAME	14. MOTHER'S MAIDEN NAME				
CLEMENT KOMEO	ANN -				
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	ALBERT J. CIMORELLI 833 BRAESIDE				
	RTIFICATION				
	INTERVAL BETWEEN				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE				
1 R reumatic	Heart Descare about 45 mg				
Interiodate cause	N				
4/6× Antecedent cause(s)					
95 Diseases or conditions, it any, giving rise to the above cause stating the underlying cause last					
(c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	2 1 20. AUTOPSY?				
19a. DATE OF OFTINATION 13b. MANOUT PARDINGS OF OTHER					
	Yes No G				
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJUCIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)				
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?				
INJURY					
22. I hereby certify that I attended the deceased from Muy	, 1950, to Feb. 2/, 195./., that I last saw the deceased				
alive on F-1/2/, 195/, and that death occurred at // SIGNATURE (Degree or title)	ADDRESS Mm., from the causes and on the date stated above. DATE SIGNED				
300 G. Jana M.O. 17.	mallow fill are; Balto, put 2/2//57				
23. BURIAL, CREMATION DATE THEHEOF NAME OF CEMETE REMOVAL (Specify) 2/24/51	CRY OR CREMATORY LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2/2/ F. C. REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR CLARE 5305 HOLL STORES				
- Carlotta To To	1 DONNI DO				
N'					

Dr. gaver 1 Mallow Hill Rd 2411 N. Charles Street, Baltimore

1250

Interval Between Onset and Death Approximate-

CERTIFICATE OF DEATH

D - - DI-4 NY-

0211111011	E OF DEFE	Reg. Dist. No	••••	
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.			
Baltimore MARYLAND	STATE COUNTY Baltimore			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Riderwood	CITY (If outside corporate limits, write RURAL and give nearest town) OR Riderwood			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sherwood Road	STREET (If rural give location) ADDRESS Sherwood Road			
3. NAME OF (First) (Middle) DECEASED (Type or Priot) Ward Baldwin Coe	(Last)	4. DATE (Month) OF DEATH February	(Day) (Year) 23 1951	
5. SEX Male 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) married	Dec. 2, 1868	9. AGE last birtbday If under		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	Bluffton. S.	or foreign country) 12	CITIZEN OF WHAT	
lawyer retired 13. FATHER'S NAME	14. MOTHER'S MAIDE			
Theodore Coe	Sallie Kirk			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT			
(Yes, no, or unknown) (If yes, give war or dates of service)	Ward B. Coe, Jr	Burnside Farm,	Eccleston, M	
18. MEDICAL C	ERTIFICATION		1	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH Approximate	
332× Immediate cause (a) Cerebral thrombosi	8		ly 1 wk.	
Generalized arteri			Years	
Antecedent cause(s) Diseases or conditions, if any, (b) Cerebral Arteriosc			Years	
giving rise to the above cause stating the underlying cause last	T		8 mo.	
(c) General debility (A			6	
Conditions contributing to the death but not related to the disease or condition causing death.	ted upon Dec.	40.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?	
			Yes No	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY			(STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY O	CCUR?		
22. I hereby certify that I attended the deceased fromJ.a.n.a	, 19.50., to.F.e.b	23, 1951, that I last s	aw the deceased	
alive on Fab. 23., 19.51. and that death occurred at	ADDRESS	e causes and on the date sta	ated above.	
Burgamin Hatled	18 E. Eager St.,		reb. 24, '51	
23. BURIAL CREMATION DATE THEREOF REMOVAL (Specify) 2 - 26 - 51 Lorraine		Woodlawn, Maryland		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE String 24/95/ R. W.	1 24. FUNERAL DIRECT	or & Sons, Inc1900	ADDRESS	
	MBN delicet	Baltimore, Maryla	nd Frence	

In Entleder

Supply every item of information carefully. write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

PLEASE

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY - Baltimore MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Baltimore			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN TOWSON LENGTH OF STAY (in this place) About 3 Mos.			CITY (If outside corporate limits, write RURAL and give nearest town)			
HOSPITAL OR Armacost Nursing Home INSTITUTION OR 812 Regester Avenue				(If rural, give location Regester Avenue		
3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Joseph	(Last) Condon	4. DATE (Month) OF Feb.	(Day) (Year) 21 19 5]	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 12/23/73	9. AGE last birthday If un Mont	der 1 year If under 24 hrs. hs. Days Hours Min.	
done during most of w	TION (Give kind of work orking life, even if retired)	10b. Kind of Business on Md. Pilots Asso.	Texas, Md.	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Garrett Condon			14. MOTHER'S MAIDEN NAME Ellen Kelly			
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service) 16. Social Security No. Nora J. Brown 1610 Mt. Royal				l Avenue		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
1777 Immediate cause (a) Carcinoma, primary site unknown				Unknown		
Antecedent cause(s) 556 Diseases or conditions, if any, (b) Carcinoma, Left Hip joint metastatic					i 6 months	
giving rise to the above cause stating the underlying cause last (c)						
related to the disease	ting to the death but not se or condition causing deat				1	
19a. DATE OF OPE	RATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY)					TY) (STATE)	
HOMICIDE /VO / (INJURY OCCURRED TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCUR? OF INJURY / 0 7 0 m. While At work HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from Aug. 8, 1950, to Feb 20, 1951, that I last saw the deceased						
alive on 1-26. 20 , 1951, and that death occurred at 4:35 Pm, from the causes and on the date stated above. SIGNATURE Joseph X! Bird, m.D. 1532 Havenwood Kd Jell 22, 1951						
23. BURIAL, CONTACT (Spec	6/64/21	New Cathedr	al	OCATION (City, town, or c Baltimore, Md.	ounty) (State)	
DATE REC'D BY 1	LOCAL REGISTRAR'S	SIGNATURE	24, FUNERAL DIRECTO	2 2 20 8059:	Calvery St.	
,				0.00		

2411 N. Charles Stroet, Baltimore

CERTIFICATE OF DEATH

THE COLUMN TWO IS NOT		I B TICTLEY DESCRIPTION OF AN	OMEN OF PROPIE	LEND.		
1. PLACE OF DEATH- COUNTY Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Though land COUNTY					
CITY (If outside corporate limits, write RU OR give nearest town catonsvi	PRAL and LENGTH OF STAY (in this place)		te limits, write RUR	AL and giv	e nearest town	1)
HOSPITAL OR INSTITUTION OR REV. A. O	pitz Home	STREET ADDRESS 3204	(If rural, give I	location)	Od.	V
3. NAME OF (First)	(Middle)	(Last)		Ionth)	(Day)	(Year)
(Type or Print) George		orkinides	OF DEATH 2		11	19 51
Male 6. COLOR OR RACE	WIDOWED, DIVORCED, (Specify)	March lo 1866		Months		Min.
10a. USUAL OCCUPATION (Give kind of wo done during has a booking life, even if retired	tk 10b. KIND OF BUSINESS OR INDUSTRY NONE	Turkey	foreign country)	12	CITIZEN OF	WHAT
13. FATHER'S NAME and ine Constantine	rkinides	14. MOTHER'S MAIDEN Athena Col	*Kinides			
15. WAS DECRASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes, give war or dat service)	CES? 16. SOCIAL SECURITY NO. NONE	C.G. Paris				
1807.007	18. MEDICAL CE	PTIFICATION			1	
I. DISEASES OR CONDITIONS DIRECTL		WALL TORISON			INTERVAL B ONSET AND	DEATH
MYOCARDIAL DEGENERATION. CHRONIC				6 Mo		
U22 Immediate cause (a).		JAMES TON . OTHER	21/1.0		0 140	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	SENILITY		8666 4646048 AGEN 3050000 35664 000 500 100	I 40 AA 6000 AA 00 I 0 600 I 0	TO QQ OQ A Rivery yakan sine generalisi	
(c)					1	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no related to the disease or condition causing d	t eath.					
19a. DATE OF OPERATION 19b. MAJO	R FINDINGS OF OPERATION				20. AUTOR	SYT
					Yes 🗌	No X
SUICIDE	LACE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN) (COUNTY)	(STAT	E)
TIME (Month) (Day) (Year) (Hour OF INJURY m	While at Not While	HOW DID INJURY OCC	UR?			
22. I hereby certify that I attended	the deceased from Move	20, 19.50, to Feli	//, 19.5./, that	t I last s	aw the dec	eased
alive on File 8, 196, SIGNATURE	and that death occurred at	ADDRESS from the	causes and on th	e date sta	ated above.	INED
D. Horly Ah	uson mo.	alous MEREMATORY L	OCATION (City, toy		2/13/	70
23. BURIAL, CREMATION DATE THEIR REMOVAL (Specify) BURIAL	51 Frederick		Fradanials		.Va.	tate)
DATE REC'D BY LOCAL REGISTRAL REG. 2 - 13 - 5 /	Harry	Linye S. ag	nest Luxuel	Home	ADDRESS	
		1118 W. M.	Koyal are.	1/1	14444	

Dr. S. L. Johnson 610 Fredrick Rd.

Tues - 9-10 mm



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1260

2 /2 () ()
Reg. Dist. No.
COUNTY BULL
RURAL and give nearest town)
give io ation)
(Month) (Day) (Year)
Ter 15 1951
thday II under I year II under 24 hr Months Days Hours Min
y) 12. CITIZEN OF WHAT COUNTRY?
in .
e using it is
INTERVAL BETWEEN ONSET AND DEATE
ision Endden
Unknown

290246

1. PLACE OF DEATH- COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporata limits, write RURAL and DR give nearest town) TOWN (in this placa)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jakanouth Rd	STREET (If ru al give location) ADDRESS 26 Jarm 416
3. NAME OF DECEASED (Type or Print) Robert Alphonso	Crandal 4. DATE (Month) (Day) (Year) OF DEATH Fel 15 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify).	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on dona during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or Ioreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or suknown) (If yes, give war or dates of service)	Howard . Prante & Main interes
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND/DEATH
430. Immediate cause (a) Alan Aufland, Antecedent cause(s)	cornery mesoccusion suagen
Office of the above cause stating the underlying cause last	n linkuan
(6) Hrunscu	1024 Untaugen
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in tha death but not related to tha disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No P
21. EXTERNAL CAUSE WAS PRIMARY □ OR CONTRIBUTING □ OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Nnt while NJURY m. Nnt while work at work	HOW DID INJURY OCCUR?
from: natural causes of accident , fuicide , hamicide , signature Signature Degree or title)	ased died on the dry stated above, and death in my opinion resulted undetermined ADDRESS D.M.E. Trwan My 2/15/57
DEMOVAL (Specify) 7/9/20 Trity	RY OR CREMATORY LOCATION (City, town, or county) (Stata)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

VS. A15A

correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1261

1. PLACE OF DEATH COUNTY COUNT
HOSPITAL OR INSTITUTION OR STREET ADDRESS 523 Periodical December 1 (Month) (Day) 3. NAME OF DECEMBED PROPERLY (Month) (Day) (Year OF DECEMBED OF DEATH Form 14 DECEMBED OF DEATH FORM 15
INSTITUTION OR 523 Brussly DV. ADDRESS R. 7.D. 3. NAME OF DECEASED (First) (Middle) Dailer OF DEATH Form 14 B
(Type or Print) Richard O Dailes DEATH Fity 14
8. SEX 6. OGLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORSED, (Specify) Married, Sec. 4 - 1866 8. DATE OF BIRTH 9. AGE last birthday Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Luilroad Engineer W. Va.
13. FATHER'S NAME Wm. Dailey 14. MOTHER'S MAIDEN NAME Undrown
15. WAS DECRASED EVER IN U.S. GRMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) 17. INFORMANT Traderish Dailey, 523 Riversel V
18. MEDICAL CERTIFICATION INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
1/2 Immediate cours (a) Coloren o Celusion,
430, Immediate cause (a)
Antecedent cause(s)
Antecedent cause(s) Disease or conditions, if eny, (b) Siving rise to the above cause (b) Siving rise to the above cause
Antecedent cause(s) Diseases or conditions, if eny, (b)
Antecedent cause(s) Diseases or conditions, if eny, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not
Antecedent cause(s) Diseases or conditions, if eny, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS
Antecedent cause(s) Diseases or conditions, if eny, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes \(\subseteq \text{No} \)
Antecedent cause(s) Diseases or conditions, if eny, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF office hidg., etc.) PRIMARY OR CONTRIBUTING OF OFFIce hidg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
Antecedent cause(s) Diseases or conditions, if eny, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS 1 PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE)
Antecedent cause(s) Diseases or conditions, if eny, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF office hidg., etc.) PRIMARY OR CONTRIBUTING OF office hidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while of two et work OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of accident of the control of
Antecedent cause(s) Disease or conditions, if eny, giving rise to the above cause acting the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hidg, etc.) (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING OF office hidg, etc.) (CITY OR TOWN) (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While et work TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Work of two kills of two
Antecedent cause(s) Diseases or conditions, if eny, giving rise to the above cause ast catling the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF office hidgs, etc.) INJURY OCCURRED OF OFFINITY OFFINITY
Antecedent cause(s) Diseases or conditions, if eny, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Office bidg., etc.) INJURY OCCURRED Willie to Not while work Not while work of the w

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH; COUNTY 2 / 4.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT)	7
CITY (II-queside corporate limits, write RURAL and LENGTH OF STAY	CITY (Houtside corporate limits, write RURAL and giv	mare town
OR pire nearest town) Parkton. (in this place)	TOWN Rural near Miller	
HISPITAL OR INSTITUTION OR	STREET (If rural, give location)	1 D /
STREET ADDRESS	" upper to It manuill	eKd.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) / Crnon Aenne (h) 37 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	newood. DEATH/ebruar	year If under 24 hrs.
Male White WIDOWED DIVORCED, (Specify) Married		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR dome during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT
Warchman Canning Factory	Vew cas/e, a.	10.A.
Androus Al. Damousond.	15/	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANY AND ADDRESS,	,
(Yes, no, pyunknown) (If yes, give war or dates of 2/7-22-0408	Mrs. Charles Kother, Kel	ar. Md.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
1100. Immediate cause (a) COTONATY (Occh usion	- and to the to special constituting and the special constitutions.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		***************************************
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m,	HOW DID INJURY OCCUR?	
17	1	
22. I hereby certify that I attended the deceased from I la	that I last as	w the deceased
alive on, 19, and that death occurred at	1.00 P.m., from the causes and on the date sta	ated above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
W.M. France M.W.	artelow hid. 2	120/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	7 R 10 - M.11 - B. 1+ 10	(State)
DATE REC'D BY LOCAL REGISTRAD SIGNATURE	24 FUNERAL DIRECTOR - CALLO. C.	ADDRESS.
REG. 2/2 1/57 Specific J. Feellow	Lacote Hantountoin town	Francisco P
- The state of the	The state of the s	- Meero III, Va



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

Former Adress 1839 N. Caroline St. MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

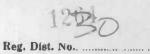
1. PLACE OF DEATH-	MARYLAND	2. USUAL RESIDENCE (STATE Md.	HOME) OF DECEASE	COUNTY Bala
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN	L and LENGTH OF STAY	Town Pike	sville	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS AUGSBURG I	Home	STREET ADDRESS	(If rural give loo	
3. NAME OF DECEASED (First) Mamie F. Doe	(Middle) enges	(Last)	OF -	onth) (Day) (Year) b. 2 195
5. SEX 6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 1/6/1881	9. AGE last birthday Z O yrs.	If under 1 year If under 24 hr. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry		Henrietta	NAME Z	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		17. INFORMANT Records	Augsburg Ho	ome
I. DISEASES OR CONDITIONS DIRECTLY I Immediate cause (a)	18. MEDICAL CE LEADING TO DEATH	Property The	rembrais	Interval Between Onset and Death
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		Art Noless	sio Ylorsnery	folereis j'ys.
Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F		Kejzerke	neion	3 /2 47.0 20. AUTOUSY?
SUICIDE OF	E (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (C	Yes No No COUNTY) (STATE)
HOMICIDE INJU- TIME (Month) (Day) (Year) (Hour) OF INJURY m.	RY INJURY OCCURRED While at Not While Work □ At work □	HOW DID INJURY OF	CCUR?	
22. I hereby certify that I attended the alive on	deceased from will that death occurred at	ADDRESS (Vices) & -	causes and on the	date stated above. DATE SIGNED
23. BURIAL CREMATION DATE BEFMOVAL (Specify) Feb. 5	51 Immanuel		Baltimor	e Md.
DATE REC'D BY LOCAL REGISTRAR'S SREG. 2/5/5/	Helme	Paul A. Heen		Harford Rd.
	ST			VUVVUV

96 - 188 - 1

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS



I. PLACE OF DEATH Ballo MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) ON (In this place)	CITY (If outside exporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5/6 Lehunden and	ADDRESS 2007 of find Rd	-
3. NAME OF DECEASED (First) (Middle) Castleway (Type or Print)	OF 7	ear)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birtbday Il under 1 year If under 2 North Dec-26-1873 yrs. Months Days Hours	4 bra Min.
10a. USUAL OCCUPATION (Give kind of work dring best of business or dring best of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W. COUNTRY?	
13. PATHER'S MAME Carptens	Dore Ca Unknown	,
15. WAS DECKASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	In Informant Junil Home. Portsmout	4
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWO	
Immediate cause (a) acuste C	andrai facluie	
Antecedent cause(s) Diseases or conditions, if any, (b)	vareula disease	
93 d giving rise to the above cause stating the underlying cause last	Serilly	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY	?
	Von D. W.	100-1
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)	0 12
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while at Not while in the work at work	HOW DID INJURY OCCUR?	
from: natural causes a accident , suicide , homicide , signature SIGNATURE (Degree or title)	assed died on the dry stated above, and death in my opinion result undetermined DATE SIGN DATE SIGN OF CREMATORY LOCATION (City, town, or county) State	ed.
Tehning 3. 1951 Ru	we look Inc. 1217 St Saul De	7
	781000	

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1265

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Baltimore MARYLAND	STATE Maruland COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place) TOWN (a homestell)	TOWN Baltimore - Westport
HOSPITAL OR MORPHE	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Spring Grove Sate Hospital	ADDRESS 2820 Maisel Ave
3. NAME OF (Dirst) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Blanche Filen	Ebert DEATH Feb 17 1951
6. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
(Specify)	Aug 24, 1875 75 yrs. Months Days Hours Min.
done during most of working life, even if retired) IOB. KIND OF BUSINESS OF INDUSTRY LODGE COLUMN	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Radalain	Kosalie Smiler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	1 .1 .+1 .1
18. MEDICAL CE	Hospital records - Spring Grove State Hospital
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Anto Must a plied For	ilune 12 /ma
Immediate cause (a) Fruite Myscardias 1 a	Lewis La hours
Antecedent cause(s)	- 0 t. 1. 0 1. 1.
Diseases or conditions, if any, (b) Auge Mensur and arken	esselvotic cardiornamelas disease 6 ys
giving rise to the above cause ast	
(c) Resolutes Mellet	1 6 42
II. OTHER SIGNIFICANT CONDITIONS ()	
Conditions contributing to the death but not related to the disease or condition causing death. Sychosis with the	rebut enterior abovering 6 years
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(OUNT) (OTALE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
OF While at Not While INJURY Work At work	
22. I hereby certify that I attended the deceased from	7., 1945., to
	730
alive on 1, 195.7., and that death occurred at	ADDRESS DATE SIGNED
SIGNATURE: (Degree or title)	· L LA I CA · MA
amold H. Eichert, M.D.	ung Nime fall Hop. Whomble 2-17-51
	RY OR CREMATORY LOCATION (City, town, or county) (State)
13M2/1/20/5/ Mt.	Stivet Balto, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 2/19/57 a. W. Hedrich	W-Got Suc. 1217 St. Vaul J.
	050000

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dallmare	1 0 1 2 0
Cily or town	State Maryland County Both
How long in above place of death? 9 days	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death decurred:	Street No. 5203 Falls M. Road
Relay Santarina	(If rura), give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Voss Flder	4
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Simon with SlaM	20. DATE OF DEATH February 25 1951 of 12:15 Am
6.(b) Name of husband or wife Mino Poe Elder	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Filmon 16th 1851 10 Film 25th 1851
7. Birth date of	and that I last saw h in alive on February 2 4th 1951
deceased (mo., day, yr.) Otober 20, 1870	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cerebral Thrombosis 3 days
80 4 5hrsmin.	
Book a last.	musto Cerchal Arterior Cercas Small wars
9. Birthplace Both (Town, county, and state)	DUE 10
10 Usual occupation Retried Specutive	Or I a The day
J	Due to.
11. Industry or business a kales ale wine & diguests	
12. Name Robert North Elder 13. Birthplace Boltman Ma	Dither conditions
13. Birthplace Baltimas, Ind	(include pregnancy within 3 months of death)
14. Malden name Susan Vosa	83 L (include pregnancy within 8 months of death)
0 500	Major findings of operations.
	Date of op.
16. Informant Mos. S. F. Symmaton	Autopsy results
Address 5203 Falls Cd. Baltings ha	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Autress 3203 faces and the first to 101"	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which)	Accident, suicide, or homicide
21	Where did inhery occur?
Cemetery or evematory	Where did injury occur? (City or town) (County) (State)
Location I Duffung for alley	Injured at home, farm, Industry, public place (where?)
18. Funeral director through Milan Rins como lo	Meens of Injury Injured at work?
1-0:1-768 M	C. Dy 1
Address Fyour Gold 12	23. SIGNATURE Line O. Juney My. D.
19. 2/16 /18/ Hedrock	D, or other
(Date rec'd by registrar) Registrar	Address Relay and warman Kelley and Oate signed 2 5 5 5
	10 6 40 6 40 6 40 6 40 6 40 6 40 6 40 6

The correct age

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1267

1. PLACE OF DEATH- COUNTY			2. USUAL RESIDENCE (H	OME) OF DECEA	SED. COUNTY		
	Baltimore	MARYLAND	Maryla				
OR give nearest to TOWN	porate limits, write RUR OWFort Howard	AL and LENGTH OF STAY 102 this place)	OR TOWN Baltin		RAL and give	nearest town	n)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Vet.Adm.Host	o.,Ft.Howard,Md.	STREET ADDRESS 126 W.	Ostend St	reet		V
3. NAME OF	(First)	(Middle)	(Last)		Month)	(Day)	(Year)
(Type or Print)	FRANKLIN	PEARCE	EREY	OF DEATH	Februar	y 6	151
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIGOWEG	6. DATE OF BIRTH 4-24-95	9. AGE last birthda 55 yrs	Months	year If und Days Hours	er 24 hru. Min.
10a. USUAL OCCUPATI done during most of wor Laborer	CION (Give kind of work king life, even if retired)		Baltimore, N	foreign country)	12.	CITIZEN OF	WHAT
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
John Erey			Mary Larrimo	re			
15. WAS DECRASED EVE (Yes, no, or unknown) (R IN U.S. ARMED FORCES	of 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	_,		
Yes	ervice) VIVI I	1274-03-5068	Clin.Rec., Ve	t.Adm.Hosp	· Ft · He	ward, Mo	1.
		18. MEDICAL CE	RTIFICATION			T	112211
I. DISEASES OR CON	DITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	
Immediate	cause (a)	BILATERAL CARCIN	OMA OF ADRENAIS			UNKNOW	N
giving rise to t	cause(s) nditions, if any, the above cause derlying cause last (c)	None		***************************************		*******************	***********************
	ANT CONDITIONS ng to the death but not or condition causing dea	th.					
19a. DATE OF OPERA	ATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUTOP	SY?
						Yes X	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR TO	OWN)	(COUNTY)	(STAT)	Ē)
TIME (Month) (OF INJURY	Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	URi			
22. I hereby certify	that VA attended th	e deceased from Oct.27	, 19 50, to Feb.6	, 19.51, 19.51	EXPLANT.	ANKA NA	GOOK.
SIGNATURE 2	Parel Pa	nd that death occurred at	9:55 P.m., from the ADDRESS	causes and on th	ne date sta	ted above.	
PAUL PADGET	, M. D., CHE	EF, MEDICAL SERVICE	E, VAH, FORT HOW	ARD, MARYL	AND	2-7-5	
23. BURIAL, CREMAT REMOVAL (Specify Burial) Jul. 10	1951 9604	Breso	OCATION (City, to	wn, or county	The	
DATE REC'D BY LO	CAL REGISTRAR'S	1 11	24. FUNERAL DIRECTOR			ADDRESS	
2/8/3	s/ a	W Jacdene	Curtis E. Eva			Les Stre	eet
		17	410331	Baltim	ore, Ma	ryland	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

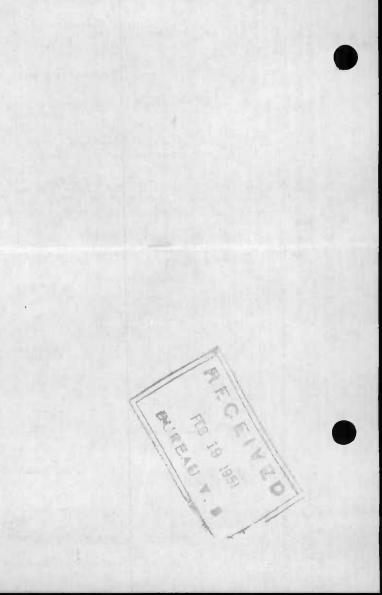
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY allimore Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	lo-
CITY (II outside comperate limits, write RURAL and CENGTH OF STAY OR TWANSFELL 2 of this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN CLOSUSCIELE	o nearest town)
MOSPITAL OR INSTITUTION OR 728 Camonson ane.	STREET ADDRESS 728 (Urural, give location)	lue.
3. NAME OF GENTRUDE (Middle) DECEASED (Type or Print)	LERLY 4. DATE (Month) OF DEATH 2//6/	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Special Pull Natural)	8. DATE OF BIRTH 9. AGE last birthday If under Months.	1 year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired) New York Control of Business on Indiana C		COUNTRY!
13. FATHER'S NAME totalmuer	Mary Ball	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	PROGRAM AND ADDRESS VERLY	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
122, Immediate cause (a) Myoca deal do	latation & failers	12 hours
Antecedent cause(s)	c Cardin Messelan decoras	anna
Diseases or conditions, if any, (b) giving rise to the above cause atating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		THE COLORS CONTROL OF THE COLORS OF THE COLO
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) IOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 27	, 195/, to Feb 16 , 195/, that I last sa	aw the deceased
alive on 19 5, and that death occurred at 1.	ADDRESS , from the causes and on the date str	ated above. DATE SIGNED
Teptie Con Magnes M.D. Ca	Tonsvilla 28 mg 2.	-17-51
23 BURIAL, CREMATION DATE REMOVAL (Specify) 2/9/5/ NAME OF CEMETER	Supard Ellert City	7
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	LIAC LAND V SON	ADDRESS
	Catonsville	



M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1269

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	**
Baltimore Maryland	STATE Maryland COUNT	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN	CITY (If outside corporate limits, write RURAL and gion TOWN Dundalk	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1816 Kinship Road	STREET (If rurai, give location) ADDRESS 1816 Kinship Road	
3. NAME OF (First) (Middle) DECEASED (Type or Print) EDNA MURL	(Last) 4. DATE (Month) OF DEATH Feb. 17,	(Day) (Year) 1951 ₁₉
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)Married	8. DATE OF BIRTH 9. AGE last birthday If under Months,	I year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working iffe, even if retired) INDUSTRY Specify MET 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11. BIRTHPLACE (State or foreign country) I:	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George F. Spence	Ida O. Townsend	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of service) (Service) (S	17. INFORMANT Leroy J. Fahey 1816 Kinship Road	22
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Coonsay &	mbalus	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Antecedent cause(s) Antecedent cause(s) Antecedent cause(s) Antecedent cause(s)		620
giving rise to the above cause stating the underlying cause last (c)	Desieu Regar engl Exter	29 3 mg
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Jack 5 Mg Dodgens Deseau	fenles lung	Yes No P
21. ACCIDENT (Specify) PLACE (Horfie, farm, factory, street, of OF office bldg., etc.) NJURY (Specify) PLACE (Horfie, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. / alive on Italy 1951, and that death occurred at SIGNATURE (Degree or title)	7, 19, 48, to Jet 17, 19 ⁵⁷ , that I last s 5-30 p m., from the causes and on the date st	aw the deceased ated above. DATE SIGNED
J. F.a Stevens md	2818 Herford Nd Bacto	rud 2-1851
Burial (Specify) Feb. 21, 1951 Baltimore	Baltimore, Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 22/51	24. FUNERAL DIRECTOR Ullrich Funeral Home 2008 Orlean	ADDRESS
	2000	

19 Ward.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1271

Reg. Dist. No. 42

1. PLACE OF DEATH- COUNTY Bal timore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Cecil COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Relay (in this place) TOWN	OR TOWN Perryville. Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Relay Samitarium Relay, Md.	STREET ADDRESS none (If rural, give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type of Time)	Fisher OF DEATH Feb. 27
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WILCOWED	3. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Jan. 12,1902 49- yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONe at present	11. BIRTHPLACE (State or foreign country) Cecil Co., Perryville, Md. 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME B	14. MOTHER'S MAIDEN NAME
Walter Fisher	Ella V. Thorpy
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no or unknown) (If year, give war or dates of service)	Brother: Walter Fisher Perryville Md
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Immediate cause (a) Barbiturate poi	soning 4 days
Antecedent cause(s) Bronchial asth	ma several years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause isst (no suicidal interesting the underlying cause isst	***************************************
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
IIOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	10 // 515 1.0001 0000.
22. I hereby certify that I attended the deceased from2=24=.5	
alive on2-27, 19.51., and that death occurred at SIGNATURE (Degree or title)	10.130Am., from the causes and on the date stated above. ADDRESS DATE SIGNED
Luns . / ming	Relay, Md. 2-27-1951.
PEMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
BUTTEL Specify 3,2-1951 North E	ast M.E. North East Md.
7 d. 28, 1951 X S M. Nicker Mis	Lea, Patherson & Son.
TRE "	Perryville, Md. VVVVVV

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

W

VS. A15

PLEASE

War Man 5-145" State of the state Evidence for addition in 18 shown on:

I. PLACE OF DEATHCOUNTY BALTIMON (
OR give nearest town)
TOWN
HOSPITAL OR
INSTITUTION OR
STREET ADDRESS Spring

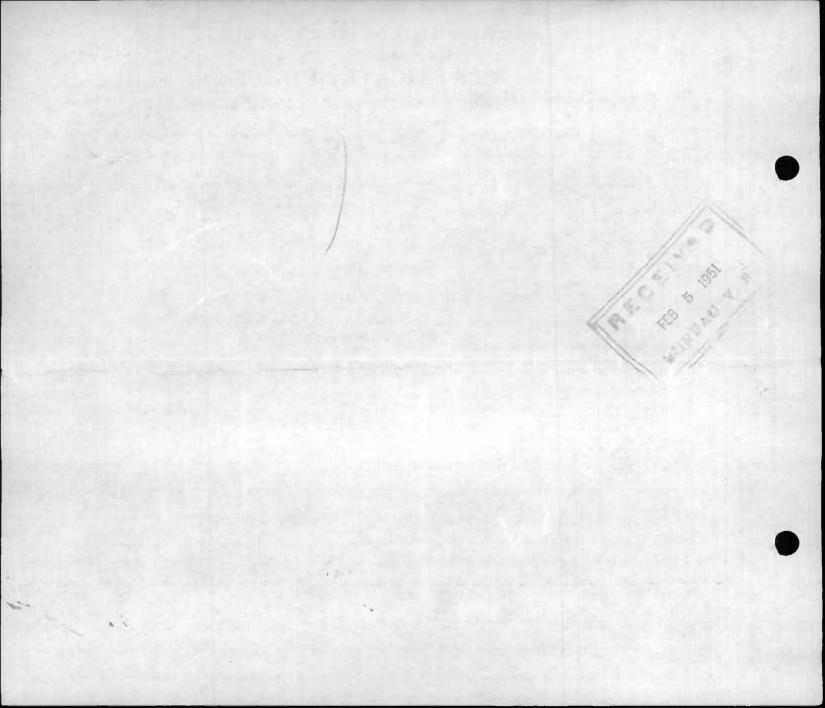
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1271

CERTIFICATE OF DEATH

THE PART OF THE PA	1 1 F F F 1 /1					
I. PLACE OF DEATH	Η.	1001	2. USUAL RESIDENCE (
COUNTY BAL	TIMORE (MARYLAND	SIAIE MA	RULAND	COUNTY BALTO	Con
CITY (If outside ed	orporate limita, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURA	L and give nearest town	n)
OR give nearest	CATONEVIL	(in this place)	TOWN BALT	TMORE		
HOSPITAL OR	0		STREET	(If rural, give loc	cation)	
INSTITUTION OF	38 Spring Orere	St. Hosps.	ADDRESS///	Page	n per	N
	(First)	(Middle)	a - 0 - y - 11 / 1	AN PARK	7/13	
3. NAME OF DECEASED	(First)	111	(Last)	4. DATE (Mo	1	(Year)
(Type or Print) (JARA	WILSON F	OREMAN	DEATH 🗸	2	1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH		If under 1 year If under	
-	W	(Specity)	Oct 1860	LO yrs.	Months. Days Hours	Min.
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF	WHAT
Chaperone in	orking life, even if retired)	INDUSTRY	Md		COUNTRY?	
13. FATHER'S NAM	E/		14. MOTHER'S MAIDEN	INAME		
un	snown		undanou	w		
	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND			
(Yes, no, or unknown)	(If year, give war or dates of service)	of	Kosp. Re	0		
	aer vice)		Nog. ne	war		
		IS. MEDICAL CE	RTIFICATION		INTERVAL B	ETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND	DEATH
		Madia leading	et a la	Person		
10 / Immediate	e cause (a)	ardio cesper	and the same			
Anteceder	t cause(s)					
,		10milit				
1/2 Diseases or o	conditions, if any, (b)	X many	der and the state of the state			Marine and a
stating the u	nderlying cause last	None (2/13/51 a)	ko)			
If. OTHER SIGNIFI	CANT CONDITIONS					
Conditions contribu	iting to the death but not					
	se or condition causing deat	h. FINDINGS OF OPERATION				
19a. DATE OF OPE	RATION 198. MAJOR I	INDINGS OF OPERATION			20. AUTOP	SY?
	1				Yes 🗆	No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (co	OUNTY) (STATI	3)
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC	CUR?		
OF INJURY	m.	While at Not While Work At work				
22. I hereby certi	fy that I attended the	e deceased from 1/-8	. 1950 to 2-2	195/ that 1	last sam the deed	honod
			1.			
alive on	-2 , 19 5/, an	d that death occurred at	/ · OS P.m., from the	causes and on the	date stated above.	
SIGNATURE		(Degree or title)	ADDRESS		DATE SIG	NED
Florence de	eringer to	ya my	Spring Brown	St- Hosp.	2-2-5	7
23. BURIAL, CREM		NAME OF CEMETE	RY OR CREMATORY	OCATION (City, town,	or county) (St	ate)
Burn Spec	1 Jen 3/	51 mt Ole	mt	Baltiman	no	
DATE REC'D BY I	LOCAL REGISTRAR'S	SIGNATURE	24 FUNERAL DIRECTO	- L111	ADDRESS	7
2-3-3	11/6	Harry	John O	morely +	Don 1900 W	- All
			(1	7/11 006	11	(



2411 N. Charles Street, Baltimore

1272

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	7
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	Maryland	
TOWN give nearest town Fort Howard 1 (in this place)	Town Baltimore () - (A)	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.	ADDRESS 919 Francis Avenue	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	rountain DEATH reorua	
Male White WIDOWED DIVORCED, (Specify) Single	s. DATE OF BIRTH 2. AGE last birthday If under Months 4-28-82 9. AGE last birthday If under Months	Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work down during most of working life, even if retired) Sales in a Collector	11. BIRTHPLACE (State or foreign country) 12	COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Samuel Fountain	Mary Elizabeth (NM - Unknown)	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (11 yes, give war or dates of Unknown) W 1 Unknown	17. INFORMANT AND ADDRESS	
	Clin.Rec., Vet.Adm. Hosp., Ft. Howa	rd, Md.
18. MEDICAL CI	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) LOBULAR PNEUMONIA	LEFT LOWER AND RIGHT LOWER LOBES	3 days
Antecedent cause(s)		i
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	ES, MULTIPLE, OLD	Unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	ES, MULTIPLE, OLD	Unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS		Unknown 6 years +
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		6 years +
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC HYPERTRO 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	PHY AND DILATATION	6 years +
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC HYPERTRO 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	PHY AND DILATATION (CITY OR TOWN) (COUNTY)	6 years +
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC HYPERTRO 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	PHY AND DILATATION	6 years +
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death, CARDIAC HYPERTRO 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	PHY AND DILATATION (CITY OR TOWN) (COUNTY)	6 years +
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC HYPERTRO 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF While at Not While INJURY	PHY AND DILATATION (CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	6 years + 20. AUTOPSY? Yes & No [] (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC HYPERTRO 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) SUICIDE (Month) (Day) (Year) (Hour) INJURY CCURRED (While at Not While INJURY) 22. I hereby certify that Vattended the deceased from Feb. 2	PHY AND DILATATION (CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 5 , 19.51 , to Feb. 26 , 19.51 , XXXXXXXX	6 years + 20. AUTOPSY? Yes 10 No 11 (STATE)
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC HYPERTRO 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 21. ACCIDENT (Specify) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While INJURY) 22. I hereby certify that Vattended the deceased from Feb. 2.	PHY AND DILATATION (CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 5, 19.51, to Feb. 26, 19.51, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	6 years + 20. AUTOPSY? Yes & No [] (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC HYPERTRO 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, off office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that Mattended the deceased from Feb. 2. ANYCONXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 5., 19.51, to Feb. 26, 19.51, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	6 years + 20. AUTOPSY? Yes K No D (STATE) We the deceased ated above. DATE SIGNED
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 17IME (Month) (Day) (Year) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that Vattended the deceased from Feb. 2. 23. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 24. ACCIDENT (Specify) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 25. I hereby certify that Vattended the deceased from Feb. 2. 26. Walker (Degree or title) Control of the course of the course of the course of the course of title) 27. C. Walker (Degree or title)	COUNTY) (CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 5, 19.51, to Feb. 26, 19.51, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	6 years + 20. AUTOPSY? Yes K No D (STATE) (STATE) Atted above. DATE SIGNED 2-26-51
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 17IME (Month) (Day) (Year) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that Vattended the deceased from Feb. 2. 23. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 24. ACCIDENT (Specify) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 25. I hereby certify that Vattended the deceased from Feb. 2. 26. Walker (Degree or title) Control of the course of the course of the course of the course of title) 27. C. Walker (Degree or title)	CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 5., 19.51, to Feb. 26, 19.51, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	6 years + 20. AUTOPSY? Yes 16 No 13 (STATE) We the deceased ated above. DATE SIGNED 2-26-51 y) (State)
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 17	CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 5., 19.51, to Feb. 26, 19.51, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	6 years + 20. AUTOPSY? Yes 16 No 17 (STATE) Atted above. DATE SIGNED 2-26-51 y) (State) nd
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC HYPERTRO 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of Not While at Not While at Not While at Not While at Not Work At work 22. I hereby certify that Mattended the deceased from Feb. 2. ANYCONXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	COUNTY) (CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 5., 19.51, to Feb. 26, 19.51, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	6 years + 20. AUTOPSY? Yes 16 No 13 (STATE) Autobased above. DATE SIGNED 2-26-51 y) (State) nd ADDRESS
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 17	COUNTY) (CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 5., 19.51, to Feb. 26, 19.51, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	6 years + 20. AUTOPSY? Yes & No D (STATE) Ated above. DATE SIGNED 2-26-51 y) (State) nd ADDRESS The Lignage

CERTIFICATE OF DEATH

	asog. Disti 110
1. PLACE OF DEATH. PAK KTOV	2. USUAL RESIDENCE (HOME) OF DECEASED.
13 ALTIYOF MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HOSEFSTOWN
HOSPITAL OR	CTD PPT (If such size location)
INSTITUTION OR STREET ADDRESS	ADDRESS 5-41 W. Church ST.
3. NAME OF (First) (Middle) DECEASED A LA FRA	(East) 4. DATE (Month) (Day) (Year) OF DEATH FOL 28 19/
(Type or Print) / O L LIE H G E LA TILH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	DEATH DEATH 19. AGE last birthday If under 1 year If under 24 hrs.
WIDOWED, DIYORCED, (Specify) Wed o wed	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Chay bersbutg PA Country? 4.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Menario HumeLsave	MARY SIMHERS
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yen, no, or unknown) (If yes, give war or dates of service)	A.M.FRANCE, PARKTON, Md
18. MEDICAL CE	
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
(Vardix-Im	cular-neval descare
Immediate cause (a) Communication (a)	
Antecedent cause(s)	
Diseases or conditions, if any. (b)	**************************************
/3/ a giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.	A DA ATTRODUYA
192. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 😥
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	
22. I hereby certify that I attended the deceased from 30	2, 195/, to 2. 8 Talt, 195/, that I last saw the deceased
alive on 2/ 1951, and that death occurred at	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
SE hoctor a D 10.	4 M. Madrion St. Ballo ZI Md. 1 Mar 1951
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
DUF(Th 11171.4,143/1/1038 H/2)	
DATE-REC'D BY LOCAL REGISTRAR'S SIGNATURE	
han 2781 moctones & markey	C. M. SUTRY Y SONS, HAGERS TOWN, Md
	144944

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. 7S. A15



2411 N. Charles Street, Baltimore

1274

VVVVVV

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HODJE) OF DECEASED	OUNDED C
Dallimol MARYLAND	maryland 12	allo
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If bytside corporate limits, write RURAL	and give nearest town)
OR give nearest town (in this place) TOWN	TOWN Personlle	
HOSPITAL OR	STREET (If rural give locate	
INSTITUTION OR II Jughtsuly ATTS	ADDRESS // Bughtsiet	AUS
3. NAME OF (First) (Middle)	(Jost) DATE (Mon	th) (Day) (Year)
(Type or Print) (harles Garr	USh OF DEATH 2	22 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,		If under 1 year If under 24 hrs. Months Days Hours Min.
Male white (Specify) mustuel	11/14/1868 82 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR done during mark of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
1. Lucied	Bultimore Co, med	2COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Glorge garrish	Calhering Whiter	
15. WAS DECEASED FARE IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unknown) (If year, give war or dates of	17. INFORMANT Broaders -11	Breghlands ALS
service service 2	A Mus French Moaders -	Bekesoille vas
18. MEDICAL CE	DTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION	ONSET AND DEATH
	religal Kemorrhall	2 40%
Immediate cause (a)	eura peninuago	
Antecedent cause(s)	. / / - //	
83 a Diseases or conditions, If any, (b)	Herzesteneur-	desso.
giving rise to the above cause	111011	
stating the underlying cause last	Mr. Acleroses	logis.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 💆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (CO	UNTY) (STATE)
HOMICIDE INJURY	1	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work	8	
22. I hereby certify that Lattended the deceased from	10 N9 4 Feb 22 1051 Was I	lest sam the 33
17 -4.17	and the second s	
alive on Fin 22 , 1951, and that death occurred at	6. 40 m., from the causes and on the d	ate stated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Jano al. M. Nos 12. Tike	entle - 1 h. D	2122151
23 EURIAL, CREMATION DATE NAME OF CEMETE	RX OR EREMATORY DOCATION (City, town, c	or county) / (State)
REMOVAL (Specify)	Tile (Show OD)	Secol (Bulle)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. ENNERAL DIRECTOR	ADDRESS
REG. L	truly H. Muckey P.	a sin Ola Just.
74 - 7-01 10 10000000000000000000000000000	maril mace les	entity,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1275

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
MARYLAND MARYLAND	Manusana amount
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this piace)	OR CITY (If outside corporate limits, write RURAL and give hearest town)
TOWN give nearest town Allemare (in this piace)	TOWN A Calleman
HOSPITAL OR	STREET ADDRESS (If rural, give location)
INSTITUTION OR 10.3 Wise live.	ADDRESS 1/20 6. 30Th Street V
3, NAME OF (First) (Middly)	(Lasy) 4. DATE (Month) (Day) (Year)
DECEASED	eckle DEATH File. 8 195
(Type or Print) 6. COLOR OR RAPE 7. SINGLE, MARRIED.	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 h
WIDOWED DIVORCED.	Sent 24-1876 74 yrs. Months Days Hours Min
Hon. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11/BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA
done during most of working life, even if retired)	COUNTRY?
done during most lot working life, even if retired)	1 collinge ne
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
Dominec Verle	(la x)levio
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates or	Mrs. Trancis Mail 1120 6 30-
18. MEDICAL CE	RTIFICATION INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
Immediate cause (a) (o orwan	y / monvorio 2 days
1450.1	V
Antecedent cause(s) Diseases or conditions, if any, (b)	
QUA giving rise to the above cause	101.11.11.11.11.11.11.11.11.11.11.11.11.
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	artero rehla sis
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
19a. DATE OF OPERATION 13b. MAJOR PINDINGS OF OTELEAGON	
The state of the s	: (CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITTOR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	+ WOW DID INTIDY OCCUPS
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
2 /	1051 4 7-8 1051 that I last and the decided
22. I hereby certify that I attended the deceased from 2	, 1921., to, 1921, that I last saw the deceased
olive on 7 - 8 1957 and that death occurred at	10 15 A m. from the causes and on the date stated above.
alive on	ADDRESS DATE SIGNED
1 1 1 200	300 1 5 10 ld 1 11
Gugene & flevy M. A 706	
23. KURTAL, CREMATION (DATE THEREOF) NAME OF CEMELE	HY OF CREMATORY LOCATION (City, town, or county) (State)
THE COUNTY THE STATE OF THE STA	edement talk ha
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 CONERAL DIRECTOR ADDRESS
Bar 12 (-1 Ru) Nedruh	& Luck S305 Nartord Ld
	77
Dm	

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEAT COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED COUR	NTY Balto.
	Baltimore corporate limits, write RUR.	MARYLAND AL and LENGTH OF STAY	Maryland	Darto.
OR give neares	st town) Catonvil	le 21 Yrs.	CITY (If outside corporate limits, write RURAL and OR Catonville	
HOSPITAL OR INSTITUTION O STREET ADDRE	OR ESS1800 Edmons	on Ave.	STREET (If rural, give location ADDRESS 23 N. Rolling Rd.)
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last) 4. DATE (Month) OF DEATH Beb.	(Day) (Year) 26, 19519
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Maried	3. DATE OF BIRTH 9. AGE last birthday If und Mont July 11.1887 63 yrs.	der I year II under 24 hrs. hs Days Hours Min.
done during most of	PATION (Give kind of work working his even if retired)	10b. Kind of Business or Industry Home	Baltimore City	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME		Sue Elizabeth Wicklein	Wina
George	Wicklein			7183
15. WAS DECEASED	EVER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	17. INFORMANT	
No.) (If yes, give war or dates of iservice)	None	Betty McManey-1800Edmons	on Ave.
		18. MEDICAL CE	RTIFICATION	Tarrent II December 1
	CONDITIONS DIRECTLY	LEADING TO DEATH	Embolism	INTERVAL BETWEEN ONSET AND DEATH
Immedia	ite cause (a)			17/201
. Diseases or	ent cause(s) r conditions, if any, (b)	Urteriosdere	tic Cardia-Vercular Dis.	8415
giving rise stating the	to the above cause underlying cause last			
Conditions contril	FICANT CONDITIONS buting to the death but not base or condition causing deat	h.		
19a. DATE OF OP	ERATION 19b. MAJOR I	FINDINGS OF OPERATION		20. AUTOPSY?
				Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNT	TY) (STATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work	HOW DID INJURY OCCUR?	
22. I hereby cer	tify that I attended the	e deceased from 4.18	1949, to 2, 26, 195/, that I las	
alive on	2. 7. 7 1951, an	d that death occurred at (Degree or title)	DDRESS from the causes and on the date	stated above. DATE SIGNED
Con	E Collow	m/s.	805 Dri Ola Balton8 MA	2-26.51
BUT181	March 1	. 51 St. John J	ery or crematory Location (city, town, or con Baltimore Co.	Maryland
DATE REC'D BY REG. 2 / 28-		SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
			118 W. Mt. Royal	ave -

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Fort Howard LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Baltimore	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp	STREET (If rural, give location)	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) SAMUEL E. GJ	IBSON DEATH February 2	3 167
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last hirthday If under I 4/3/90 60 yrs. Months	year If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working the even breited Industry Truck driver on Uracion Industry	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	COA
Samuel H. Gibson	Priscilla Hopkins	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of Yes None	Clin.Records, Vet.Adm. Hosp., Ft. Ho	ward.Md.
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)_MYOCARDIAL INFARCT	ION	Recent
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	EART DISEASE	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🏖
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that wattended the deceased from Feb19	2, 1951., toFeb23, 1951, http://doi.org/	witherdeceased
SIGNATURE (Degree or title)	3:25 a.m., from the causes and on the date state	ted above. DATE SIGNED
	E, VET. ADM. HOSP., FORT HOWARD, 1	m 2/23/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county	(State)
Burial 2-27-1951 U.S. Natio	nal Baltimore Mo	ADDRESS
AGG 16/5/ /Www. Hedrel	Moran Funeral Home, Greenmount &	42 Sts.
11 22	John W. Moran 6 3 526 Bal	to. Ma.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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							-
I. PLACE OF DEAT COUNTY	H. Balto.	MARYLAND	2. USUAL RESIDENCE (I STATE Md.	HOME) OF DECEA	SED- COUNT	Y Balto	
CITY (If outside of OR give neares	corporate limits, write RURA	LENGTH OF STAY (in this place)	CITY (If outside corporation or Town Baltoe		RAL and giv	ve nearest to	wn)
HOSPITAL OR INSTITUTION O STREET ADDRE	R 3514 Rolling	Rd.	STREET	(If rural, give olling Rd.	location)		
3. NAME OF DECEASED (Type or Print)	(First) FANNIE	(Middle) COHN GO	(Last) OS NE LL	OF	Month) Feb.	(Day) 18	(Year) 19 51
5. SEX female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	s. DATE OF BIRTH Dec. 23, 1871	9. AGE last birthda 79 yrs	Months.	1 year If us Days Ho	nder 24 hrs
done during meet of	ATION (Give kind of work corking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Carroll Co. M	d.	_ 12	COUNTRY?	OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN				
James Ver	VER IN U.S. ARMED FORCES	? 16. Social Security No.	Elizabeth Gosne			2 4 1	
(Yes, no, or unknown)	(If year, give war or dates of service)	of	17. INFORMANT AND			Balto.	7, Mc
	Bervice)		Miss Eliz. K.	Gosnell -	3514 R	olling	Rd.
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH	1	Ris Vor		INTERVAL ONSET AN	
422 Immediat	te cause (a)		V 51 . Q F				******
Antecede	nt cause(s)	breeze	y our				
92 Diseases or	conditions, if any, (b)	Mercia	***************************************	THE POST OF STREET AND STREET, STREET AND STREET AND STREET, STREET	10 dal-fulmpayressa 8-8-6-6-d	2000	77
stating the	underlying cause last (c)						
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	h.				***************************************	
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUT	OPSY?
						Yes 🗆	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	OF INJU		(CITY OR T	OWN)	(COUNTY)	(STA	TE)
OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR			
22. I hereby cert	ify that I attended the	e deceased from // / 4	1956, to 2	8, 19.5/, tha	t I last s	aw the de	ceased
alive on SIGNATURE	1.8/5/, 19, and	d that death occurred at	ADDRESS from the	causes and on th	ne date st	ated abov	
and	metry u	3 Ble D	3033Wn		74	13/5	7
23. BURIAL, CREM REMOVAL (Spe Cramati	cify) 2/20/51	Greenmou	nt Cem	Balton Md	wn, or count	(y) ((State)
DATE REC'D BY REG. 2/19		SIGNATURE D. Seduck	24 FUNERAL DIRECTO	ckner 46	lons.	Bull	ss md
-		17					

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of information carefully death clearly and legibly. ly every item of the causes of de Suppl. INK. , WITH UNFADING important. Physicians:

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1271

Reg. Dist. No..... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Balto. STATE COUNTY Md . Balto. MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN Catonsville (in this place) TOWN Catonsville HOSPITAL OR INSTITUTION OR STREET (If rural, give location) 430 Greenlow Rd. ADDRESS 430 Greenlow Rd. STREET ADDRESS (Middle) 3. NAME OF (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF DEATH FANNIE R. GRIFFIN Feb. 26. (Type or Print) 19 51 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last hirthday | If under I year | If under 24 hrs. WIDOWED, DIVORCED, (Specify) Widowed Months | Days | Hours | Min. female white Sept. 20, 1880 (Specify) 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired)

13. FATHER'S NAME INDUSTRY COUNTRY? Maryland
14. MOTHER'S MAIDEN NAME John Bowen Laura Shroyer 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS Catonsville, Md. (Yes, no, or unknown) (If yes, give war or dates of Mrs. Kenneth Albaugh - 430 Greenlow Rd. none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🔲 No 🖸 PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE TIME (Month) (Day) (Year) INJURY OCCURRED (Hour) HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from Jet 26, 195/, to Fet 26, 195/, that I last saw the deceased ..., 19., and that death occurred at 10. ... 3.4 m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED 10 23. BURIAL, CREMATION REMOVAL (Specify) Buria I DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE RECD BY LOCAL 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE REG.

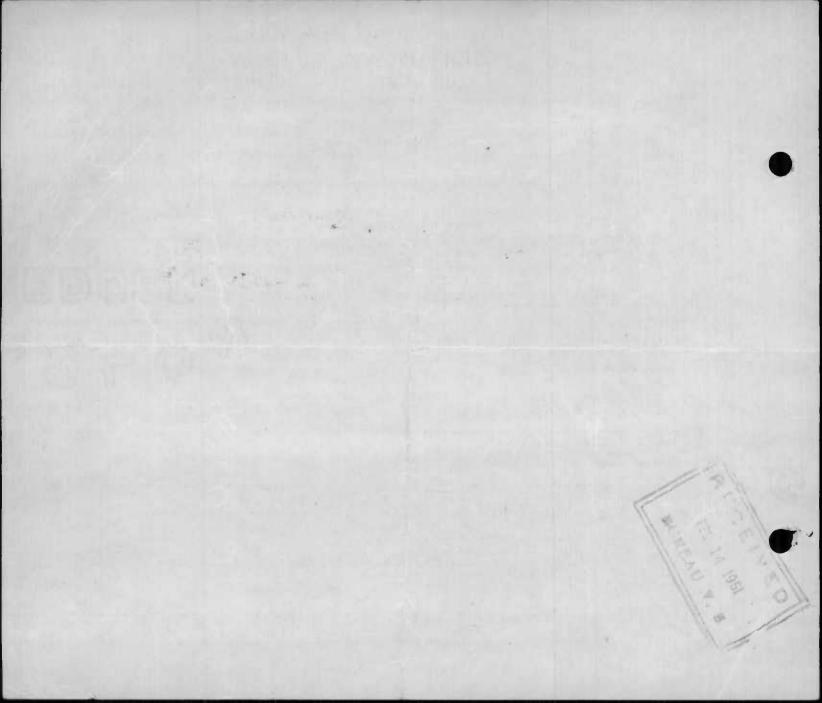
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is expecially important. Physicians: please write the causes of death clearly and learly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY Butto
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
HOSPITAL OR	TOWN COSEY
INSTITUTION OR STREET ADDRESS // margaret are	STREET ADDRESS /// Margaret Cut.
3. NAME OF (First) (Middle)	(Last) 4. WATE (Month) (Day) (Year
(Type or Print) WILLIAM D.	HAASE DEATH Feb. 9 195
5. SEX Nale 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 h Months Days Hours Mi
done during most of working he seen if review) Industry Jan i tor	II. BIRTHULACE (State or foreign country) 12. CITIZEN OF WHA
13. FATHER'S NAME	14. MOTHER'S MAIDEN, NAME,
- Henry Haase	anna Hildebrandt
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (It yes, give was or dates of	17. INFORMANT AND ADDRESS
service)	mrs. Emma Cadwards
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE
1 Monage	Ocelusin -
Immediate cause (a) Co Many	
Antecedent cause(s)	
Gual Diseases or conditions, If any, (b)	**************************************
stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21 EVENDALA CAUSE WAS DIAGE (V.	Yes No Le
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an A	utopsy , Inspection , Inquiry thereon and from the evidence
from: natural causes , accident , suicide , homicide ,	ased died on the dry stated above, and death in my opinion resulted
SIGNATURE (Degree or fitle)	ADDRESS DATE SIGNED
1000 Downs on Dynn	et Face - Develack - 2x-my //1/21
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (Scate)
Durial 272 31 donname	
DATE REC'D BY LOCAL REGISTRA'S SIGNATURE	24 PUNEBAL DIRECTOR ADDRESS
Stornery 12, 1951 gold verley	Jan D. Graelly - 4/8 Castern Use
	20 1. 1 at 21 20 d



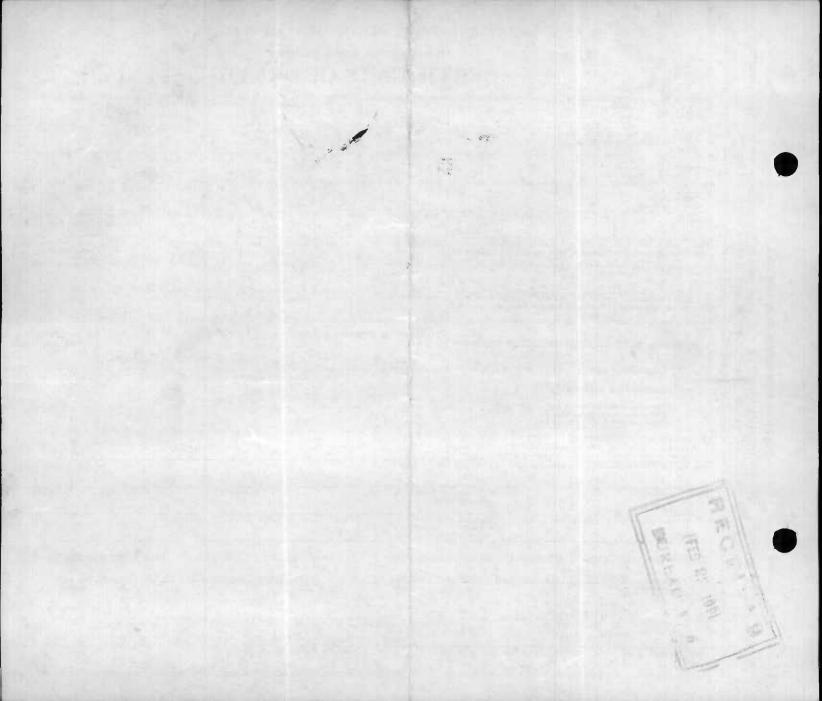
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Salteness	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY	STATE MA COUNTY SO TO
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) OVOY LQ (in this place)	OR TOWN OIL ON OG
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR	ADDRESS
STREET ADDRESS 102 L. UVer lea MV	102 E. OVerlea Ave
3. NAME OF (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) // avv	26/21 DEATH 2 16 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
WIDOWED, DIVORCED, (Specify) Sinch	Dec 1 1875 75 yrs. Months. Days Hours Min.
100 USITAL OCCUPATION (Give kind of work 10h, Kind of Business on	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life; even if petired) Industrial	Country A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	0 11
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Carrie betterman
(Yes. no. or unknown) (If year, give war or dates of	7. INFORMANT AND ADDRESS
NO service) // On Q	Thouse Harbler 102 F. Overlea AVe
10 MEDICAL CE	DATE DE LA PROPERTIE DE LA PRO
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
7.	I the seal has a live
Immediate cause (a) Muyoca	eder per frent, well
422.1	
Antecedent cause(s)	20-1-1/1/12/
02 Diseases or conditions, if any, (b) White	my or wedge / pros
700 giving rise to the above cause	
stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	-lel 2412
related to the disease or condition causing death.	fuero 200
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 🏲
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	2011 222 2110 212 0000101
INJURY m. Work At work	
22 I haraby cartify that I attended the deceased from the	3, 1950, to KV16., 1951, that I last saw the deceased
22. I hereby territy that I assended the deceased from the second of the sec	3 20
alive on 195, and that death occurred at	ADDRESS DATE SIGNED
SIGNATURE (Degree of title)	ADDRESS DATE SIGNED
X7 11 1A Serve	11/1/1
00000	DV OD GDINATION LYOCATIVON (S.
23. BURIAL, CREMATION DATE REMOVAL (Specify)	BY OR CREMATORY LOCATION (City, town, or county) (State)
130111111111111111111111111111111111111	Hadeemen 4600 Beloin lyd, Belto Md
DATE REOD BY LOCAL REGISTRAR'S SIGNATURE	244 FUNERAL DIRECTOR
REG. T. St. 17 51 ms. a. T. Rechnick	1 Dea sol Bes. 2110 Bolow Ma.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY BUILDINGS COUNTY COUNTY (If outside corporate limits, write RURAL and place) CITY (If outside corporate limits, write RURAL and place) COUNTY (If outside corporate limits, write RURAL and give nearest town) COUNTY (If outside corporate limits, write RURAL and give nearest town) COUNTY (If outside corporate limits, write RURAL and give nearest town) COUNTY (If outside corporate limits, write RURAL and give nearest town) COUNTY COUNTY (If outside corporate limits, write RURAL and give nearest town) COUNTY						
CITY (If outside corporate limits, write RURAL and give mearest town) ONN tip agreement of the company of the c	1. PLACE OF DEAT	н.		2. USUAL RESIDENCE (I	HOME) OF DECEASI	
OBD. tive argument town of the world in the common of the	Balt	imore		Maryland		
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3. NAME OF DECASED COURT OF GEORGE J. HALLAMETER J. SIVOLE MARRIED NIDOWED NIDOWED NIDOWED NIDOWED J. DATE OF BIRTH 1-11-94 1-11-94 J. AGE last birthday If under 1 year Hunder 2 har Hu	HOSPITAL OR			STREET ADDRESS 512 E.	(If rural, give in 28th St.	ocation)
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, Mart OF BIRTH 9. AGE last birthday flunder 2 hm. March 102. USUAL OCCUPATION (Give kind of work 103. USUAL OCCUPATION (Give kind of work 104. USUAL OCCUPATION (Give kind of work 105. USUAL OCCUPATION (Give kind of work 105. WIDOWN 104. USUAL OCCUPATION (Give kind of work 105. WIDOWN 104. USUAL OCCUPATION (Give kind of work 105. WIDOWN 104. USUAL OCCUPATION (Give kind of work 105. WIDOWN 104. USUAL OCCUPATION (Give kind of work 105. WIDOWN 104. USUAL OCCUPATION (Give kind of work 105. USUAL OCCUPATION (Give kind of work 105. USUAL OCCUPATION (Give kind of work 104. USA OCCUPATION (Give kind of work 104. U	3. NAME OF DECEASED	(First)	(Middle)			
10. USUAL OCCUPATION (Give kind of work) of Desires on the Courtey of Supering Country			7. SINGLE, MARRIED, WIDOWED, DIVORCED, (SpecifyDivorced		57	If under 1 year If under 24 hrs. Months Days Hours Min.
13. PATHER'S NAME 14. MOTHER'S MADEN NAME 15. WAS DECRAND EVEN IN U.S. ABLED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 16. OS -5162 16. OS -5162 17. INFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICAT	done during most of	working life, even if retired)	10b. KIND OF BUSINESS OR	Baltimore, Maryl	and	12. CITIZEN OF WHAT COUNTERS A
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md. 1685 and 1685 an	13. FATHER'S NAM	ME .	o gales			
Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md. Is. MEDICAL CERTIFICATION IS. MEDIC				Margaret Kohl	er	
IS. MEDICAL CERTIFICATION INTERVAL BETWEEN ORSET AND DEATH Immediate cause (a)BRONCHIAL PREUMONIA	(Yes, no. or unknown)	VER IN U.S. ABMED FORCES'	16. SOCIAL SECURITY NO.			. Howard 2013
Immediate cause Immediate cause (a) BRONCHIAL PNEUMONIA Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic alcoholism Cirrhosis, Laennec's Peripheral neuritis involving both legs EXEMPTICAL SERVICE (SPECIAL PRESENTED PRODUCTION) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYI Yes No II SUICIDE SUICIDE SUICIDE SUICIDE SUICIDE TIME (Month) (Day) (Year) (Hour) Work Not Wallo OF INJURY 21. I hereby certify that attended the deceased from Jan 2 151 , to Feb. 8 , 1951 , that List and the deceased INDERSON (Degree or title) ADDRESS DATE SIGNATURE: SIGNATURE: SIGNATURE: ADDRESS DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE ADDRESS DATE SIGNATURE DATE RECOUNT (State) Baltimore National Baltimore, Maryland DATE SIGNATURE DATE SIGNATURE ADDRESS DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE ADDRESS Little Funeral Home 2700 Edmondson Ave. Little Funeral Home 2700 Edmondson Ave.	Yes	service) WWI			Adm. Hosp., Ft	. noward, Md.
Immediate cause (a) BRONCHIAL PNEUMONIA Antecedent cause(s) Diseases or conditions, it any, (b) Chronic alcoholism ging rise to be above cause stating the underlying cause last (c) Peripheral neuritis involving both legs EXEMPLE CONTROLL TO PRESENT CONTROL TO PRESENT CONTROL TO PRESENT CONTROL TO PRESENT CONTROL TO PRESE				RTIFICATION		INTERVAL BETWEEN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (c) Peripheral neurities involving both legs Cirrhosis, Laennec's Cir	I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			
Anteredent cause (b) Diseases or conditions, it any, giving rise to the above cause at the property of the above cause at the state of the above cause at the control of the cause at the control of the cause at the control of the cause and on the date state above. 19s. Date of Operation (Specify) The control of the cause and on the date state decreased at the control of the cause and on the date state decreased at the control of the cause and on the date state decreased at the control of the cause and on the date state decreased at the control of the cause and on the date state decreased at the control of the cause and on the date state decreased at the control of the cause and on the date state decreased at the control of the cause and on the date state decreased at the control of the cause and on the date state decreased at the control of the cause and on the date state decreased at the control of the cause and on the date state decreased at the control of the cause and on the date state decreased at the cause and on the date state decreased at the control of the cause and on the date state decreased at the control of the cause and on the date state decreased at the caus		te cause (a)	BRONCHIAL PNEUMON	TA	***********************************	2½ weeks
giving fise to the above cause stating the underlying cause last (c) Peripheral neuritis involving both legs EXEMPTION SIGNATURE: (d) Peripheral neuritis involving both legs (e) Peripheral neuritis involving both legs (f) Peripheral neuritis involving both legs (h) Peripheral neuritis involving both legs (h) Vears (h) Ve	Anteceue	nt cause(s)	Chronia alcoholis	m		5 mane
*** Stating the underlying cause last (c) Peripheral neuritis involving both legs 5 years (c) Peripheral neuritis involving peripheral neuritis involving both legs 5 years (c) Peripheral neuritis involving peripheral neuritis in	Diseases or giving rise t				**************************************	1
DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No No No No No No No N	atating the	underlying cause last				-
195. MAJOR FINDINGS OF OPERATION 195. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No No No No No No No N	SELECTION AND CONTRACTOR	(c)	Peripheral neurit	is involving bot	th Legs	5 years
21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE (INJURY) (STATE) OF office bldg., etc.) (INJURY) (STATE) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While at Not Work At work Park (Degree or title) ADDRESS (Degree or title) ADDRESS DATE SIGNED (Degree or title) ADDRESS DATE SIGNED (State) REMOVAL (Specify) (State) Baltimore National Baltimore, Maryland DATE REG. J. 1951 (REGISTRAR'S SIGNATURE) (State) REGISTRAR'S SIGNATURE (Little Funeral Home 2700 Edmondson Ave.	CONCLUDING MICH	niting to the destit but not	Chronic nephritis			
21. ACCIDENT SUICIDE OF office bldg, etc.) SUICIDE OF office bldg, etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Work of At a work of At work of At a work of At a work of At	19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			
SUICIDE OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY While at Not W						
22. I hereby certify that attended the deceased from Jan. 2 , 151 , to Feb. 8 , 1951 , that Hast raw the deceased at the signed	SUICIDE	OF	office bldg., etc.)			COUNTY) (STATE)
INDECONOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	OF		While at Not While	HOW DID INJURY OC	CUR?	
SIGNATURE: IRVING FREEMAN, M. D., ASSISTANT CHIEF, MEDICAL SERVICE, VAH. FT. HOWARD, MD. 2-9-51 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) A-12-5/ Baltimore National Baltimore, Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS JEHNANY 10 - 195/ R. W. Little Funeral Home 2700 Edmondson Ave.						
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Little Funeral Home 2700 Edmondson Ave.	MINEOTOCO	OCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	d that death occurred at	ADDRESS from the	causes and on the	e date stated above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Baltimore, Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JERUS 16 1951 R. W. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Baltimore, Maryland 24. FUNERAL DIRECTOR Little Funeral Home 2700 Edmondson Ave.	IRVING FI	MEEMAN. M. D.	ASSISTANT CHIEF.	MEDICAL SERVICE.	VAH.FT.HOW	ARD. MD. 2-9-51
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JERUSAN 10 71951 R. W. Little Funeral Home 2700 Edmondson Ave. REG. REG. REGISTRAR'S SIGNATURE Little Funeral Home 2700 Edmondson Ave.	23. BURIAL, CREM REMOVAL (Spe	MATION DATE THEREO	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, tow	n, or county) (State)
Raltimore Mamriand	DATE REC'D BY		SIGNATURE		R	ADDRESS
Raltimore Mamuland		#1951 R.W.		Little Funeral	Home 2700	Edmondson Ave.
		An experience principles in a final principles and the second sec	V	970:	719 Balti	Lmore, Maryland

L. 3470

2411 N. Charles Street, Baltimore

1283

CERTIFICATE OF DEATH

95

1. PLACE OF DEATH, COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Balto.			
CITY (If outside corporate limits, write RURAL and OR give nearest town) CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give TOWN	e nearest town)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 433 Maryland are	ADDRESS 433 Maryland	- are		
3. NAME OF DECEASED (First) (Middle) (Type or Print) OHN LEO	HAMMEN 4. DATE (Month) OF DEATH FEB	(Day) (Year) 2/ 195/		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	750.75 70 70 Jo yrs.	1 year If under 24 hrs. Dnys Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME HEO Hammen	14. MOTHER'S MAIDEN NAME Madeline Hartman			
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT Bertha S, Hay de	en		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Your directly leading to the conditions of the	etification Cotonary Gombo	INTERVAL BETWEEN ONSET AND DEATH		
Antecedent cause(s)	a dislasl	2 +11		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	rt dislasl	2+4/2		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		000000000000000000000000000000000000000		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work	HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from				
alive on Nove, 19, and that death occurred at	ADDRESS ADDRESS AUC. The action 2/	ated above. DATE SIGNED		
23. BURIAL, CREMATION DATE NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count,	y) (State)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		
REG. 2/23/51 G. W. Jeducol	John G. Connelly - 418 Gaste	ry lu E.		
JT	5649 VV Ballo	21, md.		

correct age

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1284

				reg.	Dist. No		
1. PLACE OF LEATI	1./		2. USUAL RESIDENCE (HOME) OF DECEASED.				
Ma	Humi	MARYLAND	STATE Maryl		COUNTY		
CITY (II outside or OR give nearest TOWN	town)	AL and LENGTH OF STAY (In this place)	CITY (If outside corpor OR TOWN Balt	ate limite, write RURA 1MOPE	L and give near	rest town)	
HOSPITAL OR INSTITUTION OF STREET ADDRESS		Point Hospital	STREET ADDRESS 30	(If rural, give lo		ve /	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	OF	onth) (Da	(Year)	
(Type or Print) 5. SEX	Gilman 6. Color or RACE	E. Hea	8. DATE OF BIRTH	9. AGE last hirthday	I If under 1 year	IIf under 24 hrs	
M	W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Dec.19,1900	50 ym.	Months Days	Hours Min.	
done during most of w	ATION (Give kind of work orking life, even if retired)	INDUSTRY Steel C	. North Car		12. CIT	TEN OF WHAT	
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME			
Robe	ert Lee Head		Effie Che	schrie			
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs	Mary L. H	ead		
Yes ((If yes, give war or dates ervice) WOrld#L	213-07-0636	3037	Chesterfi	eld Ave		
		18. MEDICAL CE	RTIFICATION				
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	A .			ERVAL BETWEEN SET AND DEATH	
		1 M MAIN	1 Droll	sion			
Immediate	cause (a)	(1) 00 /200	1000000			***************************************	
420, / Anteceden	t cause(s)						
Quanta Diseases or control giving rise to	conditions, if any, (b) the above cause nderlying cause last	**************************************	040 10 11110 111111110 111110 111110 111110 111110 111110 111110 111110 111110 111110 111110 111110 111110 111110 111110 111111	**************************************			
	(c)						
Conditions contribu	CANT CONDITIONS tling to the death but not se or condition causing deat	.h.					
19a. DATE OF OPE		FINDINGS OF OPERATION			20.	AUTOPSY?	
					V	S I No I	
21. EXTERNAL CAUPRIMARY or COCAUSE OF DEATH	USE WAS PLA	CE (Home, form, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	COUNTY)	(STATE)	
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CCUR?			
22. I certify that I obtained by said	took chorge of the remoded Autopsy, Inspection of causes accident accident at the Auton Date there also 2/12/19	oins described obove, held an Ar Inquiry, find that said deced, suicide [], suicide [], (Degree or title) OF NAME OF CEMETE: Oaklawn	ased died on the day state undetermined []. ADDRESS	ed above, and death LOCATION (City, tow Baltimore	in my opin	the evidence ion resulted ATE/SIGNED (State)	
REG. 2/9	157 G	W. Hedre	Baltimor	or off or more	THE. AL	A	
		JTV	5600	36/Sec	rgl 1-11	Hander	

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1285

		t	12
Reg.	Dist.	No.	

1. PLACE OF DEATH	1 2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Terry Hall MARYLAND	STATE Maryland COUNTY IN Hall
OR give nearest toyn (in this place)	OR CITY (If outside corporate timits, write RURAL and give nearest town)
TOWN Stillings	TOWN Attallemore
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS 9401 Secaus 16	9401 / Selau / d.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Adeline	B. DATE OF BIRTH 2. AGE last birthday H under 1 year H under 24 bra
WIDOWED, DIVORGED,	Months Days Hours Min.
10a, USUAL OCCUPATIONXGive kind of work 10b. Kind of Business or	11. BINTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
10b. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Trank Tenninger	lima Kragle
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	TY. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Me for a Heying 9401 Delaci
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONEBT AND DEATE
Ferefral A	tomashane 157minutes
33 Immediate cause (a)	word of a way
Antecedent cause(s)	10 4000
Diseases or conditions, if any, (b)	factorial formation of the second of the sec
stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	(hol) to
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
mone _	Tes □ No □
21. ACCIDENT / (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
INJURY Prone m. Work At work	
an I I all the day of the day of the day of 5	1036 April-22 1051 11 11 11
22. I hereby certify that & attended the deceased from 91/5	1975, to Work 2 , 1957, that I last saw the deceased
alive on the 8 , 195/, and that death/occurred at	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
a. a sondy MIN. 510	6 Horford Nock Collinge hed
	CRY OR CREMATORY LOCATION (City, town, or county) (State)
RIMOVAL (Specify) /2/26/57 . M. M	and Laurel ma
DATE REC'D BY LOCAL AREGISTRAR'S SIGNA TRE	24. FUNERAL DIRECTOR / ADDRESS
REG. 2/23/9 9 W Hodush	Likerek 5305 Harford Cd.
17	

FOR BINDING

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

/S. A15

PLEASE WRITE

(IN

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH



1. PLACE OF DEATH	н.		2. USUAL RESIDENCE (HOME) OF DECEASE			
Bal		MARYLAND	Md.		COUNTY		
Oil give nearest	orporate limits, write RUR. t town) onsville	AL and LENGTH OF STAY (in this place)	OR Baltimo		L and give	nearest town	1)
HOSPITAL OR	Paradica Min	esing Home	STREET	(If rural, give lo	cation)		-
INSTITUTION O	ss Paradise & I	lltamont Aves.	ADDRESS 3308 W	. North Ave.	,		
3. NAME OF DECEASED	(First) HE LEN	(Middle)	(Last)	OF		(Day)	(Year)
(Type or Print) 5. SEX	1 6. COLOR OR RACE	7. SINGLE, MARRIED,	HOLLJES 8. DATE OF BIRTH	DEATH 9. AGE last hirthday	Feb.	I I I I I I I I I I I I I I I I I I I	19 51
Female	White	WIDOWED, DIVORCED, (Specify) Widowed	Oct. 13. 1889	61 ym.	Months I		Min.
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)		CITIZEN OF	WHAT
	working life, even if retired)	INDUSTRY Veterans Bureau	Maryland		Co	UNTRY?	
Clerk 13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN	NAME	•		
W4 A.a.	ams Duvall		Damanah T	Witchell			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS			
	(If yes, give war or dates of service)	of	Dr. Henry W.		3300 7	IF No wet	3n A
	(See Vice)	18. MEDICAL CEI		D. BUILLES -	2000 1	V. NOL	THE AVE
I. DISEASES OR CO	ONDITIONS DIRECTLY		,			INTERVAL B	
		lesocordes l'dela	ration + ka	. 0,000		72 /	1.00
122.1 Immediat	e cause (a)	youralax au	MULLION T YE	aure			1/2
Anteceder	nt cause(s)	16/5 . 2000	, , , , , , , ,	1 _ 0	/	11.0	
Diseases or	conditions, if any, (b)	TRUMO SULVE	8 Jewas	1300		vuru	ous
stating the u	inderlying cause fast		V	0			
	(e)				1		
Conditions contribu	ICANT CONDITIONS uting to the death hut not use or condition causing deat	h. Arthentes her	po Tropluc S	ener	V	luxu	our
		FINDINGS OF OPERATION //	1011-101-101		i	20. AUTOP	SY?
						Yes 🗆	No F
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	TOWN) (C	OUNTY)	(STAT)	
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
			CA 5:	-1			
	1	e deceased from Nov 12	= 1 -1 - 1				
alive on SIGNATURE	10 19 5 an	d that death occurred at. S. (Degree or title)	ADDRESS m., from the	causes and on the	date state	ed above.	NED
Teplie	ATION I DATE THEREO	OF I NAME OF CEMETER	Cathany	le 29, ml	2-	12 -	5/
23. BURHAL, CREM REMOVAL (Spec	2/13/51	Loudon Pa		Balto.	Md .	(St	ate)
DATE REC'D BY	LOCAL REGISTRAR'S		24 FUNERAL DIRECTS	or.	1	ADDRESS	T
2/12/	5/1/9/W	gedner	Wm. YV	robert +	Sars:	- Qal	W,
1		Don	1	00	00	7 /	14.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

		-
1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	
CITY (If outside corporate limits, write RURAL and CITY (in this place) TOWN CITY (If outside corporate limits, write RURAL and CITY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town OR Baltimore)
HOSPITAL OR OPITZ Home INSTITUTION OR OPITZ Home STREET ADDRESS Edmondson Ave. & Nunnery La	STREET (If rural, give location) ne ADDRESS 504 N. Loud on Ave.	/
3. NAME OF DECEASED (May) Mary E. Johnson (Type or Print)	(Last) 4. DATE (Month) (Day) (DEATH Feb. 24/51	(Year)
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWEN PROPERTY. (Specify)	S. DATE OF BIRTH 19. AGE last birthday If under I year Hours 126, 1878 72 yrs. Months Days Hours	r 24 hre Min.
10a. USUAL OCCUPATION (Give kind of work lobe. Kind of Business on done during most of working life, even if retired) Whost home	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Leonard	Unknown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	rs. Edna Magersupp, 504 N. Loudon A	ve.
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BE ONSET AND	
J. DISEASES OR COMMITTORS DIRECTED PARTIES TO DAMP	ONOSI AND	DEATH
Immediate cause (a)	ral Hemotrings led	ays.
595 ×		1
Antecedent cause(s) Diseases or conditions, if any, (b)	relevoires 10 %.	4
31 a giving rise to the above cause stating the underlying cause last		
(c) Che high	linetis 104	M.
14. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS	SY?
	Yes 🗅	No K
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE	-
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1940, to 4cb . 23, 1951, that I last saw the dece	ased
alive on 2/23/1, 19, and that death occurred at	ADDRESS A.m., from the causes and on the date stated above.	NED
Tho Wills 410	o Edmondron live 2/25/	51
DUMANTAL (Coolin)		ate)
Bullel man 5/31 rondon be	rk, Baltimore 20 151	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DERECTOR	
- 4/21/5/ U Englary +	Harry N. Welfall admondson Ave.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

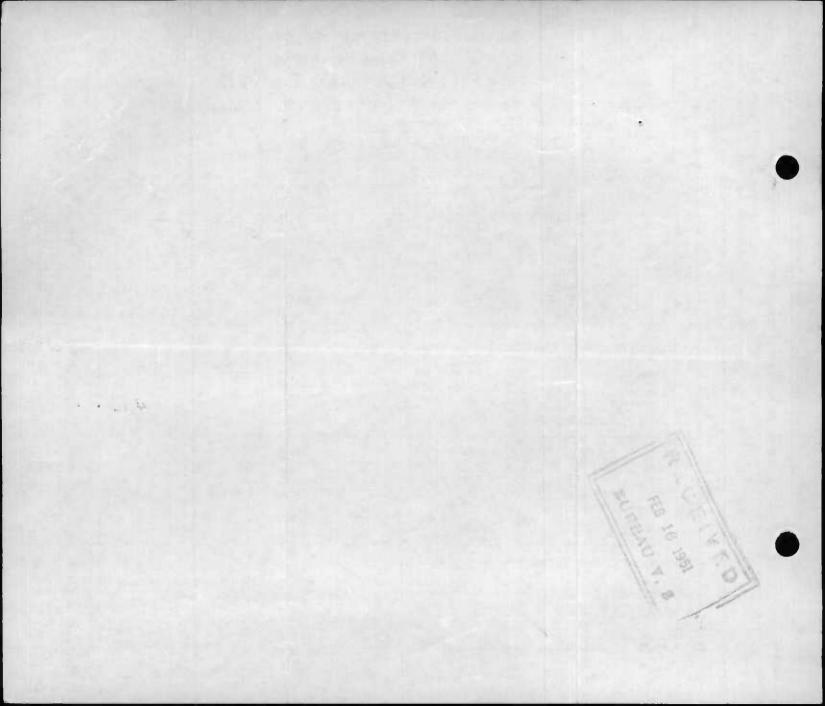
CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
Dal timore Maryland	STATMaryland Baltimo COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Helsterstown LENGTH OF STAY (in this place)	CITY (II outside corporate limits, write RURAL and give nearest town) OR OR Reisterstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Road	ADDRESS Reisterstown Road
3. NAME OF (First) (Middle) DECEASED (Type or Print) Bessie Elizabeth Jo	ones 4. DATE (Month) (Day) (Year) OF Feb.14,1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, DIVORCED DIVORCED (Specify Walfired)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. July 27, 1889 61 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or done during most of working life even if retired INDUSTRY	Baltimore Co. 12. CITIZEN OF WHAT
13. FATHER'S NAME Eli Tucker	Mary Thomas
15. Was Decrased Ever In U.S. Armed Forces? (Yes. no, or unknown) (If yes, give wan or detect None	John R. Jones, Reisterstown, Md.
18. MEDICAL CER	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause (a) Senue	Jonney 3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	decompensating
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, Office bldg., etc.) NJURY PLACE (Home, farm, factory, street, Office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19, to 2 - 14, 19, that I last saw the deceased
alive on	ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
Buryan (Specify) Feb. 16, 1951 St. Lukes	RY OR CREMATORY LOCATION (City, town, or county) (State) Reisterstown, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2-15-51 Date B. E. Line.	24. FUNERAL DIRECTOR ADDRESS J.F. Eline & Sons, Reisterstown, Md.
	The state of the s

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY PARTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY BALTIMO	WE
CITY (If outside corporate truits, write RURAL and OR give nearest town) ANDALLSTOWN (in this place)	CITY (II outside sorporate limits, write RURAL and give nearest town) OR TOWN RIVER STOWN	
HOSPITAL OR INSTITUTION OR LIBERTY ROY GREEN'S LANKE STREET ADDRESS LIBERTY ROY GREEN'S LANKE	STREET ADDRESS WEERTY RD HOREENS LANE.	
3. NAME OF (First) (Middle) DECEASED (Type or Print) WBATER WINFIELD	KECK OF DEATH FE13. 8	ear) 95/
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) 7. SINGLE MARRIED, (Specify)	S. DATE OF BIRTII 9. AGE last birthday If under 1 year	Min.
done during post of working life, even if retired) 10b. Kind of Business or Industry BARBER.	BALTIMORE COUNTY COUNTRY? UCH	HAT
13. FATHER'S NAME NOHN PLERED KECK	14. MOTHER'S MAIDEN NAME A DELAIDE CLEMINTINE CHILL	25
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	MRS. WALTER KECK - RANDAUSTAUN	1-14
18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWOOD ONSET AND DE	
Panaleman ar	RECTUM & METASTASIS I YEAR	0
Anteredent cause(s) TO LIVER, LUNGS	+ BRAIN.	<
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	- C.V. DISENS-	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	ME FOCE QUE	77
21. ACCIDENT (Specify) PLACE (Home, Varm, factory, street,	METASTASIS Yes No No (COUNTY) (STATE)	0 🛛
SUICIDE OF office bldg etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY While at Work Atwork	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from UHAY	, 1949, to FEB 8, 195/, that I last saw the deceas	sed
alive on FEB 8, 15, and that death occurred at	ADDRESS DATE SIGN	ED
Thomax E. Wheeler mis	Kandall Holder, Md. FEB 8'5	7
REMOVAL (Specify) 2.12.51 mt Od	CRY OR CREMATORY LOCATION (City, town, or county) (State	e)
DATE REC'D BY LOCAL REGISTRARY SIGNATURE	C. H. Well - Olemerille ml.	
	740849	



2411 N. Charles Street, Baltimore

1290

CERTIFICATE OF DEATH

COUNTY	Bacto	MARYLAND	2. USUAL RESIDENCE (H	C DECEASED	COUNTY BOOK
CITY (11 outside OR give neares TOWN	corporate limits, write RUR.		CITY (If outside corporate OR TOWN Arbutus	e limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R 11474 Courty	Land Gardens)	STREET	(If rural, give local Courtney Rd.	(West Land Gdns)
3. NAME OF DECEASED (Type or Print)	(First) BELLE	(Middle) LEDLEY	(Last) KEIDEL	4. DATE (Mon OF DEATH F	th) (Day) (Year)
female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		. AGE last hirthday I	f under I year If under 24 hrs. Months Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or Maryl and	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	ME	***************************************	14. MOTHER'S MAIDEN Louise Johnson	NAME	
15. WAS DECRASED I	EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)	? 16. SOCIAL SECURITY NO.	Mr. Charles M.	Da.	lto. 27, Md. 47A Courtney Rd.
:		18. MEDICAL CE			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I. DISEASES OR C	onditions directly		umpri		INTERVAL BETWEEN ONSET AND DEATH
74a Diseases or giving rise stating the	ent cause(s) conditions, if any, to the above cause underlying cause last (c)	white			
Conditions contrib	ICANT CONDITIONS nutling to the death but not ase or condition causing deat				
19a. DATE OF OPE	ERATION 19b. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT	(Specify) PLAC	OF Allere from from the stand	(OTMIT OF M		
SUICIDE HOMICIDE	OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR TO	WN) (CO	UNTY) (STATE)
	OF INJU	office bldg., etc.)	HOW DID INJURY OCC		
HOMICIDE TIME (Month) OF INJURY	(Day) (Year) (Hour)	office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
HOMICIDE TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	7, 19, that I	last saw the deceased
TIME (Month) OF INJURY 22. I hereby certains on the signature. SIGNATURE	(Day) (Year) (Hour) m. tify that I attended the	office bidg., etc.) RY INJURY OCCURRED While at Not While Work At work dedeceased from 1	HOW DID INJURY OCC 19.7., to 26.	7, 19, that I auses and on the d	last saw the deceased late stated above. DATE SIGNED
HOMICIDE TIME (Month) OF INJURY 22. I hereby certain alive on SIGNATURE 23. BURIAL, CREM REMOVAL (Spe	(Day) (Year) (Hour) m. tify that I attended the farmon date Thereody 2/8/51	office bidg., etc.) INJURY OCCURRED While at Not While Work At work de deceased from	HOW DID INJURY OCC 19.1, to 2	And CATION (City, town,	last saw the deceased late stated above. DATE SIGNED OF COUNTY (State)
TIME (Month) OF INJURY 22. I hereby certain alive on	(Day) (Year) (Hour) m. tify that I attended the farm of the transfer of the tr	office bidg., etc.) INJURY OCCURRED While at Not While Work At work de deceased from	HOW DID INJURY OCC 19, 19, to 2 A, m., from the capable of the capa	And CATION (City, town,	last saw the deceased late stated above. DATE SIGNED

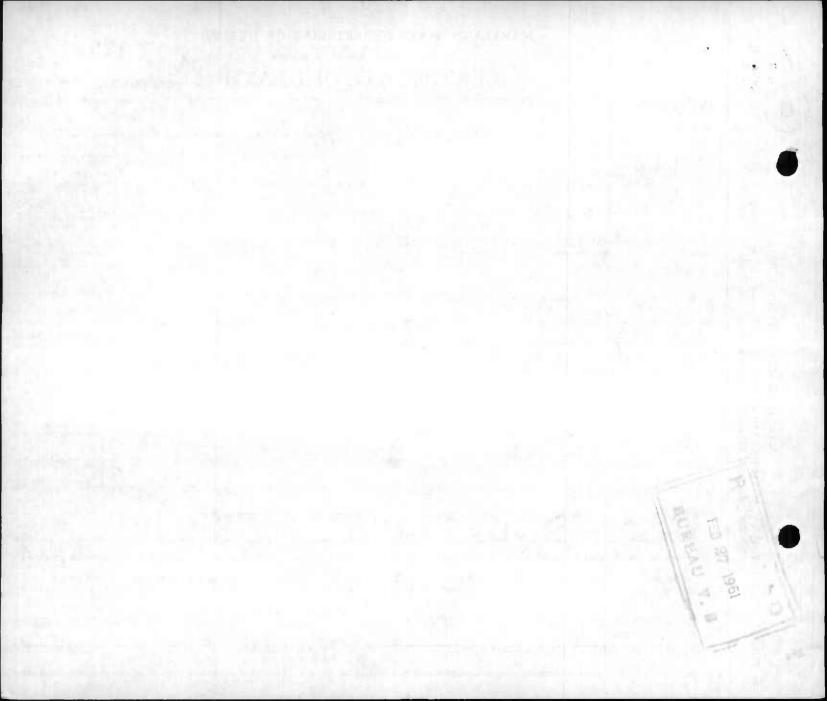
2411 N. Charles Street, Baltimore

129

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (STATE Maryl	end (COUNTBaltimore
CITY (If outside corporate limits, write RUR OR give nearest town) Pikesvi			ate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisters	stown Road	STREET ADDRESS Reis	(Ururai give loca sterstown Ro	
3. NAME OF (First) DECEASED (Type or Print) William	(Middle)	(Last) Kein	4. DATE (Mor OF DEATH	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Jen 7 1866	85 yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Nursery owner	ii. BIRTHPLACE (State Lingland	1	12. CITIZEN OF WHAT
13. FATHER'S NAME Joseph Keir		Elizabeth		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates ervice)	17 16. SOCIAL SECURITY NO. None	17. INFORMANT	Keir Pikes	sville Md
	18. MEDICAL CE	RTIFICATION		T
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		vascular ac	eident	2 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deal	0 '	00,0000		
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLA OF HOMICIDE INJU	CE (Homo, farm, factory, street, office bidg., etc.) JRY	(CITY OR	TOWN) (CO	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the alive on 23 74 , 1957, and SIGNATURE Park Removal (Specify) Dafe there Removal (Specify) Feb 26	od that death occurred at (Degree or title) 2, OF NAME OF CEMETE 1951 Druid Ridge	ADDRESS Pikewille RY OR CREMATORY	causes and on the	date stated above. DATE SIGNED 2 # 2 65-/
DATE REC'D BY LOCAL REGISTRAR'S REG. 2-26-51	SIGNATURE	24. FUNERAL DIRECTO	or Sons Reis	terstown Ma



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

		ODICI II IOILI	DOF DEAL	Reg. Dist. 1	No
1. PLACE OF DEATH COUNT Baltin	more	MARYLAND	Maryland	(HOME) OF DECEASED.	
TOWN Lans	orporate limits, write RUR town) downe	AL and LENGTH OF STAY (in this place)	OR Lansdov	rate limits, write RURAL and a	give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	ss 2608 Gebb	Ave.	STREET ADDRESS 2608 (Gebb Ave.	
3. NAME OF DECEASED	(First) JOHN	(Middle)	(Last) KENNER	4. DATE (Month)	(Day) (Year)
(Type or Print) 5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	s. DATE OF BIRTH Oct. 26, 1877	DEATH Feb. 25 1 9. AGE last birthday If under Month	er I year If under 24 hr is Days Ilours Mir
done during most of w	ATION (Give kind of work vorking life, even if retired)		Baltimore,	Md.	12. CITIZEN OF WHA
Conrad Ke	nner		Margaret So	chlicthorn	
	ver In U.S. Armed Forces (If yes, give war or dates service)		Matidla Kenne	address er,2608 Gebb Ave.	
Anteceder Diseases or giving rise to stating the u	nt cause(s) conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS	LEADING TO DEATH HE Heyrenderse	mmarly C. V. D	> 	INTERVAL BETWEEN ONBET AND DEATE AND
related to the diseas	iting to the death but not se or condition causing deat RATION 19b. MAJOR	th.			20. AUTOPSY?
					Yes No E
21. ACCIDENT SUICIDE HOMICIDE	OF INJU		(CITY OR		
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	While at Not While Work At work	HOW DID INJURY OC		
22. I hereby certically alive on 2. SIGNATURE	ify that I attended the 23 1951, and	e deceased from the death occurred at (Degree or title)		25, 1951, that I last causes and on the date s	
23. BURIAL, CREM. REMOVAL (Spece BUTIA) DATE REC'D BY REG. 27	(fy) 2/28/51	New Cathedra		Baltimore, Md.	ADDRESS
11		Z.		97	odev

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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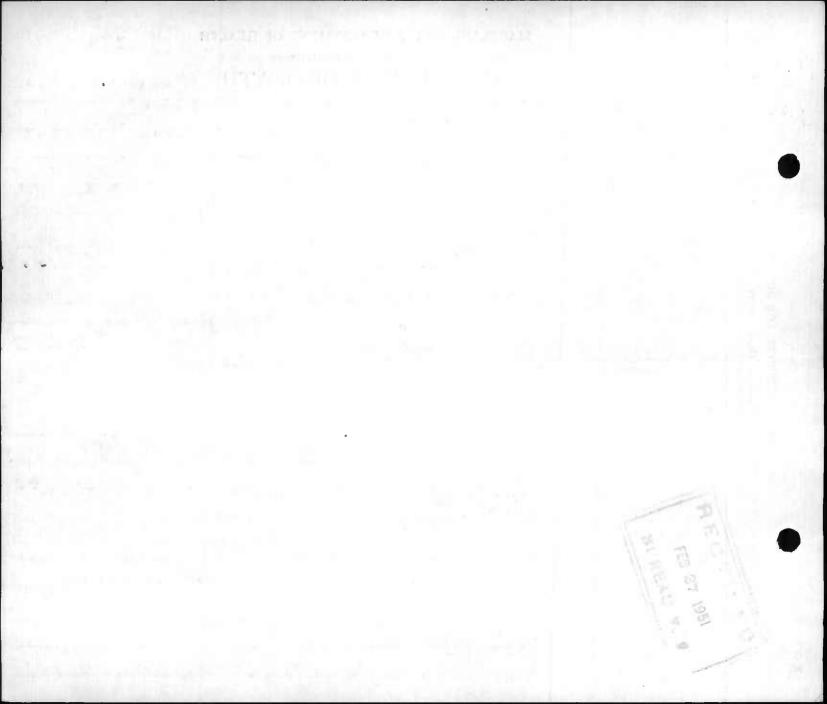
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1293

CITY (II optide corporate limits, write RURAL and LENGTH OF STAY (II) this place) ON I've pages to you. (III) (III optide corporate limits, write RURAL and LENGTH OF STAY (III) this place) ON I've pages to you. (III) (III optide corporate limits, write RURAL and give nearest town) ON I've pages to you. (III rural, give location) ADDRESS 5.04 MILITARY (Month) (III) (Models) CITY (III optide corporate limits, write RURAL and give nearest town) ON I've pages to you. (III) (Models) (III) (Models)	1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
OR TOWN TWO PROPERTY LIGHT OF THE COUNTY OF		mary and Ballinks
INSTITUTION OR SOLVEN STATES ADDRESS 504 milford mill Ref. S. NAME OF DECARD (Right) (Middle) (Clast) (Clast) (Dear) (Middle) (Dear) (Clast) (Dear) (Middle) (Mi	OR give pearest town) (in this place)	OR OR
DECEASED DECEASED Calvin Newton Security Sec	INSTITUTION OR - 1 20 'O' AS OP O	ADDRESS -
5. SEX NATE NATE	DECEASED C-0.	/ OF - /
Total British Total Tota	5. SEX 6. COLOR OR RACE 7. SUNGLE, MARRIED, WIDOWED, DIVORCED,	8. DAT OF BIRTH 9. AGE last hirthday funder 1 year If under 24 hrs Months Days Hours Min.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. MEDICAL CERTIFICATION 18. MEDICAL CERTI	10a USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR more sturing most of working life, oven if retired) Inpustry	COUNTRY
It is, medical cause	William Kirty	Rebeeca smith
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 192. DATE OF OPERATION 194. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, HOMICIDE NUMBER OF OFFICE DEATH OF OFFICE DATE OFFICE DATE OF OFFICE OFFICE DATE OF OFFICE OFFICE DATE OF OFFICE OFFICE DATE OF OFFICE OFFICE DATE OFFICE OFFICE DATE SIGNATURE 22. I hereby certify that I attended the deceased from Advance of the Causes and on the date stated above. SIGNATURE 23. BURIAL (REMATION) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) State) 24. AUDRESS OFFI SIGNATURE 25. BURIAL (REMATION) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) State) 26. AUTOPSY? 27. AUTOPSY? 28. DATE SIGNATURE 29. AUTOPSY? 29. AUTOPSY? 20. AUTOPSY? 20. AUTOPSY? 20. AUTOPSY? 20. AUTOPSY? 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, CITY OR TOWN) (COUNTY) (STATE) 20. AUTOPSY? 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, CITY OR TOWN) (COUNTY) (STATE) 20. AUTOPSY? 20. AUTOPSY? 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, CITY OR TOWN) (COUNTY) (STATE) 22. I hereby certify that I attended the deceased from factory (CITY OR TOWN) (COUNTY) (STATE) 23. BURIAL (REMATION) DATE THEREOF NAME OF CEMETERY OR CREMATORY (LOCATION (City, town, or county) (State) 24. AUTOPSY? 25. BURIAL (REMATION) DATE THEREOF NAME OF CEMETERY OR CREMATORY (LOCATION (City, town, or county) (State) 26. AUTOPSY? 27. AUTOPSY? 28. AUTOPSY? 29. AUTOPSY? 29. AUTOPSY? 20. AUTOPSY? 20. AUTOPSY? 20. AUTOPSY? 20. AUTOPSY? 21. ACCIDENT (CITY OR TOWN) (CITY OR TOWN) (COUNTY) (STATE) 20. AUTOPSY? 21. ACCIDE	(Yes, no, or unknown) (If yes, give war or dates of	Wasy Julia Kirly - Riperell
In diseases or conditions, if any, Sample Conditions Conditions	18. MEDICAL CE	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 830 giving rise to the above cause is taking the underlying cause last. 10 yro 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Not While at Not While Time (Month) (Day) (Year) (Hour) (Pour Courted at Not While at Not Wh	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No SIGNATURE 19.20. AUTOPSY? Yes No Work At work 19.30. to Lip. 23, 19.51, that I last saw the deceased alive on Lip. 24 and that death occurred at form from the causes and on the date stated above. 195. BURIAL, CREMATION 19.20. AUTOPSY? Work At work 21. BURIAL, CREMATION 19.20. AUTOPSY? Work At work 22. I hereby certify that I attended the deceased from from the causes and on the date stated above. 19.20. AUTOPSY? Yes No Work At work 22. I hereby certify that I attended the deceased from from the causes and on the date stated above. 19.20. AUTOPSY? Yes No Work At work 22. I hereby certify that I attended the deceased from from the causes and on the date stated above. 19.20. AUTOPSY? Yes No Work At work 23. BURIAL, CREMATION 19.20. AUTOPSY? 19.20. A		eral Kemonlufe 2 days.
attating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No B 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 22. I hereby certify that Lattended the deceased from Work At work 23. I hereby certify that Lattended the deceased from Finding At work Organization (Day) (Degree or title) 24. BURIAL, GREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Antecedent cause(s) Diseases or conditions, if any, (b)	Names Lengion - 10 mo.
Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No Secretary Yes No Secretary Yes No Secretary No Secretary OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 1 At wo		Now. Louis 16mo.
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yee No 22. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) (STATE)	Conditions contributing to the death but not	
21. ACCIDENT SUICIDE OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While At work 22. I hereby certify that Lattended the deceased from Work At work 23. I hereby certify that Lattended the deceased from Work At work 24. I hereby certify that Lattended the deceased from Work At work 25. I hereby certify that Lattended the deceased from Work At work 26. I hereby certify that Lattended the deceased from Work At work 27. BURIAL, GREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) 27. BURIAL, GREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS		
22. I hereby certify that I attended the deceased from 19.5%, to 19.5%, to 19.5%, that I last saw the deceased alive on 19.5%, and that death occurred at 19.5%, and that death	SUICIDE Office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
alive on 19.5 , and that death occurred at	OF While at Not While _	HOW DID INJURY OCCUR?
SIGNATURE AMUSE SIGNED AMUSE	22. I hereby certify that sattended the deceased from. 24.	, 19.5.0., to
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	alive on	DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	29. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	
- phy- 1 N/ 6 0 M Char Guner 1 mente 1	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2.		CERTIFICAT	E OF DEAT	Reg. Dist. N	No
1. PLACE OF DEATE	·		2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Ba 1	timore	MARYLAND	STATE Maryland	COUNT	
OR give nearest	orporate limits, write RUR		CITY (If outside corpor	ate limits, write RURAL and a	rive nearest town)
TOWN Lan	sdowne	(in this place)	OR TOWN Lanso	lowne	
HOSPITAL OR INSTITUTION OF STREET ADDRESS	2	_	STREET	(If rural, give location)	
STREET ADDRES	s 2713 Hammon	ds Ferry Road	2713 Han	monds Ferry Road	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	MARGARET	V. KRAFT	r	OF DEATH Feb.17	,1951 19
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIRTH	9. AGE last hirthday If under Months	r I year If under 24 hrs
Female	White	WIDOWED, DIVORCED, (Specify) Widow	May 31.1881	69 yrs. Months	Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT
Housewife	orking life, even if retired)	At Home	Baltimore, N		COUNTRY?
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN		
ohn W	Wales		Mary Ellen I	hompson	
15. WAS DECRASED EV	TER IN U.S. ARMED FORCES	of	17. INFORMANT AND		
No	service)	None		2713 Hammonds Fer	ry Rd.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY		2 1 7	7 1	INTERVAL BETWEEN ONSET AND DEATE
		(erebrol 1	la mar lane	
260x Immediate	cause (a)		second 1)	V CO MOOD 225	
Anteceden	t cause(s)		1-to 10-0/0	. —	
Diseases or c	onditions, if any, (b)	U	neuozaeu	ous	70 00 00 00 00 00 00 00 00 00 00 00 00 0
	nderlying cause last		7. A Ja. V	relleters	
	(c)	٧.	roberts 1	recurs	1
II. OTHER SIGNIFIC	CANT CONDITIONS ting to the death but not				
related to the diseas	e or condition causing deat				
19a. DATE OF OPER	RATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR 7	rown) (COUNTY	(STATE)
HOMICIDE	INJU	JRY			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m.	Work At work			
22 I harahy carti	fy that I attended the	e deceased from	2 1045 to Jun	17, 19.51, that I last	
ZZ. I meres, com			(12 (1		
alive on	195.L., an	d that death occurred at	m., from the	causes and on the date s	tated above.
SIGNATURI	P - 01	(Degree or title)	ADDRESS	1 . 1 -	DATE SIGNED
	town &	food mo	2730 4 CE	roves of	2/19/51
23. BURIAL, CREMA	TION DATE THERE		RY OR CREMATORY I	OCATION (City, town, or cour	nty) (State)
REMOVAL (Speci	^{fy)} 2/21/51	Loudon Par	rk O	Baltimore, Md.	(500)
DATE REC'D BY I		SIGNATURE	24. PUNERAL DIRECTO		ADDRESS /
REG. 2/20	157 aa	. Hedrich	THE WAY	11/12/1/287	m V
		177	1		1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

Medical Examiner,

D. Medical Examiner, MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Salto - MARYLAND	STATE M. B. Balto - COUNTY Balto
CITY (If outside corporate ilmits, write RURAL and LENGTH OF STAY OR give nearest lown) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN KIND TOURS 25 TO	TOWN KIND TYNGES
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS JONGS REM COAR.	ADDIVISION C
8. NAME OF Pirst (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Pript)	DEATHWAY 10
6. COLOR OR MICE 7. SINGLE, MARRIED, WIDOWED, Specific Constitution of the constitutio	DATE OF BIRTH 9. AGE inst birthday Munder 1 year If under 24 trs. Months Days Hours Min.
(Specify)	x (0 (0 7)
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of doe during most of working life, even if retired) INDUSTRY	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER SAME TAY TAY TAY TAY	Balto-Cifa Countain
13. FATHER'S NAME	16 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	James Heller Her
(Yes, no or unknown) (If yes, give war or dates of	17 NFORMANT
SES service) WAR I NONE	week there
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause Decisional As	Alh. Willed on his Rull 15 mounts
Immediate cause	The BA - 12
Antecedent cause(s)	head done to be a light before
Diseases or conditions, if any, giving rise to the above cause	The same of the sa
stating the underlying cause last	umas rimonnage
II. OTHER SIGNIFICANT CONDITIONS A DOLOMENA CAN	chest injuries crushing with Yuptured
Conditions contributing to the death but not related to the disease or condition causing death.	Abominal gortage hemorthage
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Hour, farm, actory, street,	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE ACCIDENT INJURY	Hudes Isalto B mel
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY OF A 1950 m. Work At work	Know bed down for a Rell che from nord
	Control of the state of the sta
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the deceased
alive on Fif 9 1957 and that death occurred at	10 30 m from the causes and on the data stated shows
alive on	ADDRESS DATE SIGNED
MANTE MALLONDEN THE	- 12 0 dani 3, 2/10/5/
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	- Jucunom mill
23. ROMAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, sown, or county) (State)
DATE REC'D BY LOCAL RECISTRAN'S SIGNATURE	12/ DEDUCTION - ADDRESS
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	24/FUNERAL DIRECTOR ADDRESS
- Il I'm peaced	Children Israeling Brother
Osollin to- Kudson WK DMEDA	Toward And 2/10/51 Many; Arcident

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

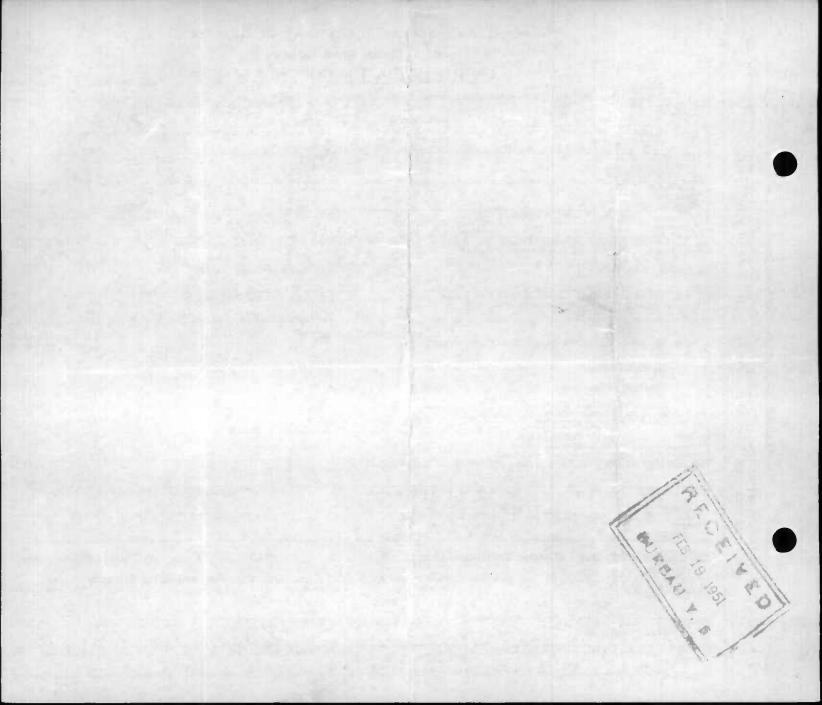
1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
MARYLAND MARYLAND	MQ Baltimore
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Arbutus	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3315 Wash. Blvd.	STREET (If rural give location) ADDRESS 3315 Wash. Blvd
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED	rickler DEATH 2/ 12/51 19
6. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tone mason Retired	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CQUINTEY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christian	Not Known
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT Ella Cook 3315 Wash. Blvd.
laervice)	
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Metastatic la	remong Timer suffacerage Undet
12 3×	- 0 D
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	_ 1) Colon undet.
atating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	_ Jaundere 1 week.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3 Feb. 1951 Constructing mass It Cole	on that Yourrace ? Mareles Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	GITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?
	2, 1957, to 7eb 12, 1957, that I last saw the deceased
alive on 726. 12, 1957, and that death occurred at 2	8:20 P.m., from the causes and on the date stated above. ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	17/4 Transis and Holestorso Md.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 2/15/51 Meadowride	
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	ge Elkridge Md. 24. FUNERAL DIRECTOR ADDRESS
RED. 15/51 HW. Hadrick	Clarence + Admin 1639 Broadway
Da	504 246

VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL, and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
TOWN / WY a near write Hall (in this place)	TOWN Tural near Parkto	n
HOSPITAL OR INSTITUTION OR	ADDRESS / (If rural, give location)	1+
STREET ADDRESS	4mi West of lark	lon.
3. NAME OF DECEASED (First) (First) Edward L	(Last) 4. DATE (Month) OF DEATH COYNAY	(Day) (Year) 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S, 100/C.	8. DATE OF BIRTH 9. AGE last birthday If undo Months.	1 year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired) INDUSTRY	10 14. // 11/	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	10.11.
Tinknown.	Vennie Lawson:	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) (If year, give war or dates of service)	77. INFORMANT AND ADDRESS White &	fall MNRD
18. MEDICAL CE	PTIFICATION	I. Daniel Barrer
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Investigation (a) Charles)	rusore a ditio	
422./ Immediate cause (a)		#4 00 00 00 00 00 00 00 00 00 000 00 000 00 000 00 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000
Antecedent cause(s)		
Diseases or conditions, if any, (b)	I le con i	+9 08 06 06000000000000000000000000000000
II. OTHER SIGNIFICANT CONDITIONS Conditions cootributing to the death but not related to the disease or condition causing death.	30000	000000 00 ocumentes (000000000000000000000000000000000000
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	/, 19 to 2/2/5/, 19 that I last sa	w the deceased
-/-/-	2.20 P.m., from the causes and on the date sta	
signature (Degree or title)	ADDRESS	DATE SIGNED
M. M. France M.W.	Curleton Ind.	2/10/5/
23. BURIAL, CREMATION DATE NAME OF CEMETE REMOVAL (Specify) Febr. 1/195/ Pine Gra	RY OR CREMATORY LOCATION (City, town, or county	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 9	PA. FUNERAL PRECTOR	ADDRESS
3/10/34 Chester dellas	Jacob Northnslein, Tew-	Therdon,
	970105	Pa.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Dist. No..... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Baltimore Maryland MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR TOWN give mearest town ville 4(In this place) Baltimore HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS Hood Nursing Home 517 Kingston Road 4. DATE 3. NAME OF (First) (Mlddle) (Last) (Month) (Day) (Year) DECEASED February 21, 1951 Leonard DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, INVORCED, (Specify) WIOOW 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. 5. SEX Months | Days | Hours | Min. 1859 11. BIRTHPLACE (State or foreign country)
Piedmont Virginia 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY! USA done during blook of working life, even if retired) INDUSTR'HOUSewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Francis Demmon 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of Ira Leonard 517 Kingston Rd. No Mr. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 450.D Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No E 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) (Specify) SUICIDE HOMICIDE INJURY TIME (Month) INJURY OCCURRED HOW DID INJURY OCCUR? (Day) (Year) (Hour) While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from Hame, 1947, to Feb 20, 1957, that I last saw the deceased alive on Fel 20, 195/, and that death occurred at 3:30/. m., from the causes and on the date stated above. (Degree or title) DATE SIGNED DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 2/24/51 Baltimore Md. Mt. Olivet 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL ADDRESS 2700 Edmondson John T. Stansbury

MARGIN RESERVED FOR BINDING

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of information carefully death clearly and legibly.

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WITH UNFADING important. Physicians:

PLAINLY, s especially i

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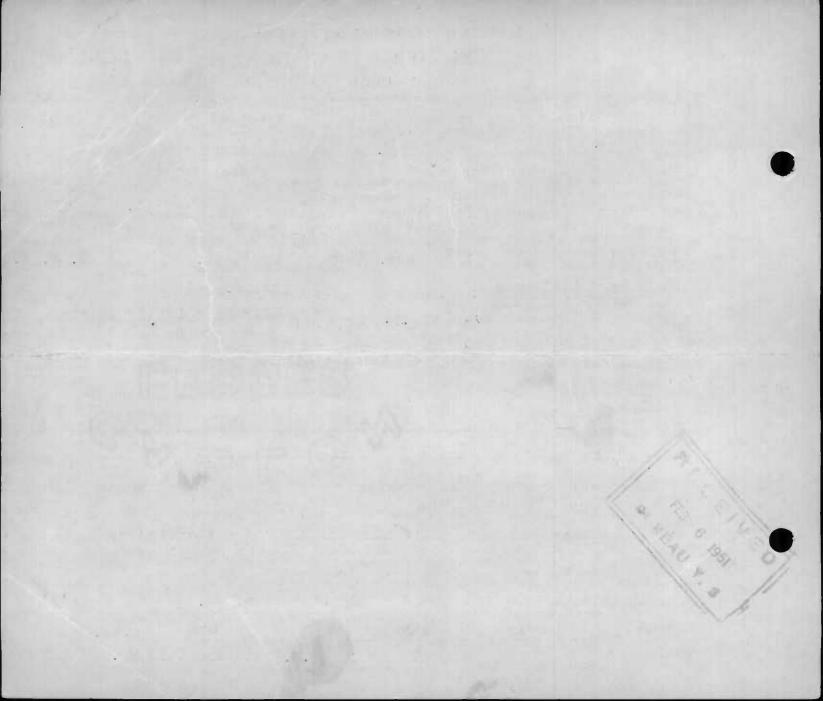
PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1299

1. PLACE OF DEATH- COUNTY D. 7.4.4	2. USUAL RESIDENCE (HOME) OF DECEASED.	,
Baltimore MARYLAND	Maryland	Batto
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town (to this place) TOWN Reisterstown 30 yrs.	TOWN Reisterstown	
HOSPITAL OR INSTITUTION OR Worthington Dood	STREET (If rural, give location)	N
STREET ADDRESS WESUMINBUEL ROAD	Westminister Roa	d
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) W11118M Albert	Little OF Feb.	2 1957
6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	I year If under 24 hr
Male White WIDOWED, DIVORCED, (Specify) WIDOWED	7-17-1876 74 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, even if retired) Wilmer Mche, St.	top Carroll Co.	Country A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Robert Little	Rachel R. Smith	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown) (If yes, give war or dates of		
No service) 214 0 3 4/03	Mary Elizabeth Little-(St	Lster)
18. MEDICAL CE	RTIFICATION	1
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Company And The	. D	
Immediate cause (a) Coronary Artery	y Disease	Undeter-
420, / Antecedent cause(s)		mined
Diseases or conditions, If any, (b)	0 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	> +0.00.00.00 feeser /***** ******************
stating the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		İ
related to the disease or condition causing death. Unitonic all Co	pholism	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
None None		Yes No X
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.)	(CITY OR TOWN) (COUNTY)	
CAUSE OF DEATH. INJURY NODE	None	
TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY None m. work at work	not an injury	
22. I certify that I took charge of the remains described above, held an A abtained by said Autapsy, Inspection ar Inquiry, find that said deced	ased died on the dry stated above and death in my	aninion resulted
from: natural causes A, accident , suicide , homicide .	undetermined .	aprilion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
		2-151
23. BURIAL, CIEMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
REBUTIAT 2-5-15 Winters	Carroll Co.Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE .	24. FUNERAL DIRECTOR	ADDRESS
12-2-51 Mary B. ELine.	C.M. Waltz Winfield Md.	



826

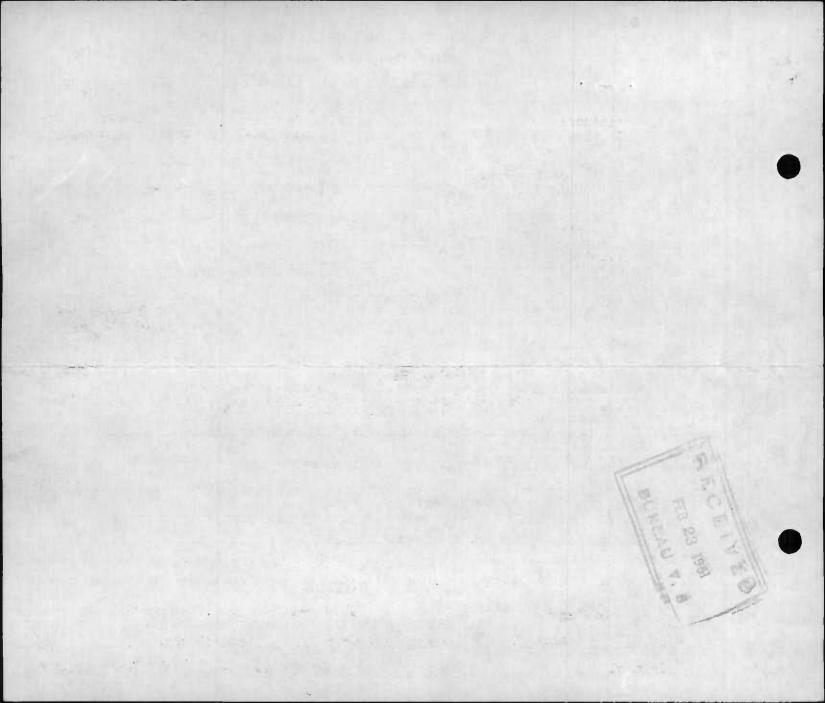
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

13:00

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	ı. ltinore	MARYLAND	2. USUAL RESIDENCE (H		COUNTY COUNTY
CITY (If outside co OR give nearest TOWN	town) . , ,	AL and LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN Haleth	te limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	S 16 Fusting A	Pines ve.	STREET ADDRESS 1891	(If rural, give lo Arbutus Ave.	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle) F. D.	(Last) Loney	OF DEATH Feb.	
Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Jan. 16, 1860	91 yrs yrs.	If under 1 year If under 24 hr Months Days Hours Min
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY At HOME	Paltinore, M		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME 2	
Charles	L. Loney			- 1	
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY NO.	Mr. Clifton L.		l Arbutus Ave. Lethorpe, Md.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		1. 1- 1 He-	mil.		21
Immediate	e cause (a)	eres cay 1000	- o may	***************************************	Lua.
420. / Anteceden	t cause(s)	arebral Her	1 1 5	4.	10-
Diseases or c	conditions, if any, (b).	1 1 Mellerseve	arrio-lass	, Oszcar	1022-
93 d stating the u	the above cause inderlying cause last				
	(c)				
Conditions contribu	CANT CONDITIONS iting to the death but not se or condition causing deat	h.			
19a. DATE OF OPE	RATION 19b. MAJOR I	INDINGS OF OPERATION			20. AUTOPSY?
					Yes No 4
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN) (C	COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby certi	ify that I attended the	deceased from Z - / 6	, 195/, to 2-/	5 , 195/, that	I last saw the deceased
alima an Z	-18 105/ on	d that death occurred at 1	0.50 A.m. from the	source and on the	data stated shows
SIGNATURE	, 155, att	(Degree or title)	ADDRESS	causes and on the	DATE SIGNED
21.15. 1/9	Mages	1.5.	6209 Frederick	Ave., Catons	ville 2-17-57
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE THERE		RY OR CREMATORY		n, or county) (State)
DATE REC'D BY		SIGNATURE	247 FUNERAL DIRECTO	ioreau	ADDRESS 4510 Liberty
- 4/40/0) Helants A



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1301

100								
1. PLACE OF DEAT			2. USUAL RESIDENCE ((HOME) OF DECEAS	COUNT	v		
	Baltimore	MARYLAND	Maryla					
OR give nearest	orporate iimita, write RUR.	AL and LENGTH OF STAY	OR CITY (If outside corpor		AL and gi	ve neare	st town)
OR give nearest TOWN	Fort Howard	9 (in this place)	TOWN Baltli	ore				
HOSPITAL OR INSTITUTION OF	P		STREET	(If rural, give				1
STREET ADDRE	ss Vet.Adm.Hosp	Ft. Howard, Md.	ADDRESS 2551 A	runah Avenue	2			1
3. NAME OF	(First)	(Middle)	(Last)		(onth)	(Day)		(Year)
DECEASED (Type or Print)	MIRON	(NMI)	LUPSA	DEATH FE	ebruar	v 7		19 5
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday	If under	Lyear	If unde	r 24 hr
Male	White	WIDOWED, DIVORCED, (Specify) Married	8-15-94	56 vm.	Montha	Days	Hours	Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State			2. CITIZ	EN OF	WHAT
done Laborer	yerking life, even if retired)	INDUSTRY	Austria			COUNTE	Y7 ?	
13. FATHER'S NAM	TO THE PERSON NAMED IN COLUMN 1	ision Burdens	14. MOTHER'S MAIDEN	NAME			•	
Floyd Lux	osa	0	Unknown					
15. WAS DECEASED E	VER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS				
(Yes, no, or unknown)	(If yes, give war or dates of service) WWW T	Unknown	Clin.Rec., Ve		Et. Ho	hrew	Md.	
		18. MEDICAL CE			2 0 0 110	1	TARCE .	
I DICEACES OF CO	ONDITIONS DIRECTLY						VAL BE	
I. DISEASES OR GO	INDITIONS DIRECTLI	LEADING TO DEATH				UNSE	r AND	DEATH
Immediat	o conco (a)l	YOCARDIAL FAILURE	. DUE TO			UN	KNOW	N
ILIIIN	c caase			011000 00" ===0+00+00+000# +=0+0## #+#			*	,m. 0 * 6 * 1 * 1 * 1 * 1
VIIICECERE	nt cause(s) conditions, if any, (b)	HYPERTENSION				TINI	KNOW	FRT
giving rise to	o the above cause	ILEERIE WOLUM	01 00 01 x 12 x	***************************************	-0-01 0	. L.LULY	D TACKE	N
atating the u	inderlying cause last					1		
	(c)					1		
Conditions contribu	CANT CONDITIONS	None						
	se or condition causing deat	FINDINGS OF OPERATION				1 00 4	*****	7770
194. DATE OF ORE	MATION 180. MAJON 1	INDINGS OF OFERATION				20. A	UTOPS	SYT
21. ACCIDENT	(O!fex)) DT A	GE (Hama fame fame)	(CIMY OD	mown th	COVIDANTE	Yes		No 🗆
SUICIDE HOMICIDE	(Specify) PLA		(CITY OR	TOWN) (COUNTY)) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	7 1-1			
INJURY	m.	Work At work						
			0 7-					
22. I hereby cert	ify that/Nattended the	e deceased fromJan.2	9., 1951, toFeb.	./, 19.51, XD	XXXXXXX	AXXIA	CHACLE	DARK
MYNANAAAA	TVVVVVVVVVVV an	d that death occurred at	5 • 37 A . m from the	courses and on th	- J-44	akad a		
SIGNATURE TOUTNING TOUTNING		(Degree or title)	ADDRESS	causes and on th	e date st		E SIG	NED
IRVINGO FREEM	N, M. D., CHI	EF. MEDICAL SERVI	CE, VAH, FORT H	OWARD, MARY	LAND	2-	7-51	
23. BURIAL CREM	ATION DATE THERE	F NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, tov	vn, or coun		(Sta	
LA REMOVAL (Spec	(ily) 2/10/c	3/ Baltimore N	ational ()	Baltimore.				
DATE REC'D/BY	LOCAL REGISTRAR'S	SIGNATURE	24. FRIERAL DYRECT	RIM	arate y		RESS	
REG. 8/9/	51 / 40	w Heduch	Wm. Cook, Inc	St. Paul 8	Pres			
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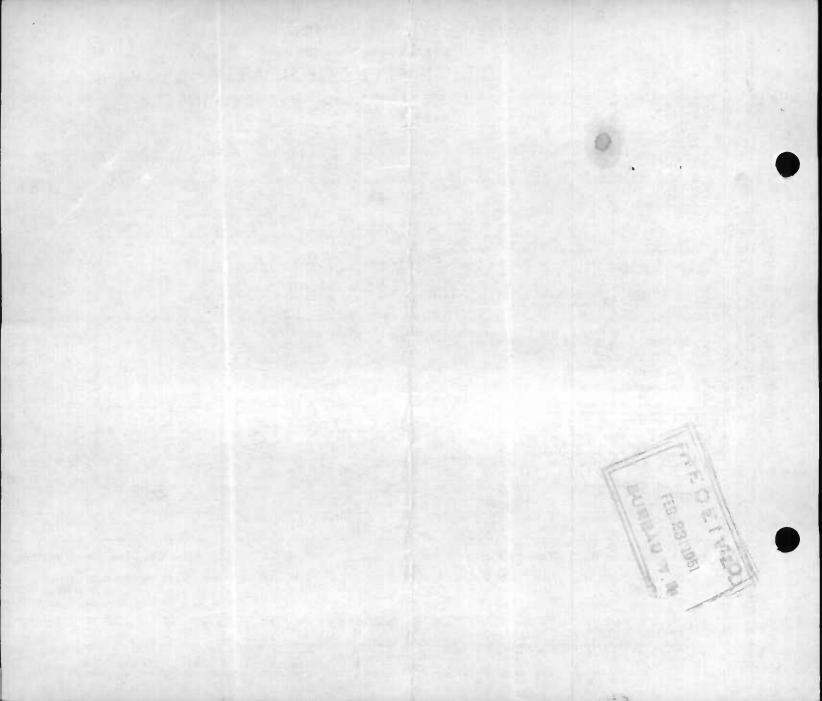
2411 N. Charles Street, Baltimore

1302

H 2 HOHAL PROIDENCE (HOME) OF DECEASED

CERTIFICATE OF DEATH

COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNT	TIMORE
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give TOWN VIOLETSUILLE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS // OO TAYLOR AUE	STREET (If rural, give location) ADDRESS //OO TAVLOR AU	E
3. NAME OF DECEASED (First) LILIE ESTELLE	LICETT DEATH MEG.	(Day) (Year) 17 19 57
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily) MARRIED, (Specily) MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under Months. HEDRYARY 23,1893 57 yrs.	I year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY TO MEST. C. 13. FATHER'S NAME		2. CITIZEN OF WHAT
John E Thomas.	LOUISA REILT	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give warlor dates of service) NonE	He. Robert Lycett 1100 Tay	LOR AUE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION ON A FULL OLER LENGTS	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	7	
Antecedent cause(s) Diseases or conditions, if any, (b) Seumable ed	arfirios clerosis	5 mosts
giving rise to the above cause stating the underlying cause last (c)	Melitus	340
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
Just 22, 195/ Lythenty - augustalion	hobetic Song rene At Lower	Yes No No
Z1. ACCIDENT (Specily) SUICIDE HOMICIDE SUICIDE SUICIDE HOMICIDE SUICIDE SUICI	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from form	, 1948, to Febr. 17, 1957, that I last s	aw the deceased
alive on Febr. 13, 195/, and that death occurred at SIGNATURE (Degree or title)	ADDRESS 4001 Wilkers and on the date st	DATE SIGNED
	RY OR CREMATORY LOCATION (City, town, or coun PARK BALTIMORE,	ty) M (State)
DATE REC'D'BY LOCAL REGISTRAR'S SIGNATURE REG. 46. 19-5	24. FUNERAL DIRECTOR	ADDRESS dERICK AUG



CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1303

TOR MEDICAL	Reg, Dist. N	0
I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-	
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNT	BALTIMOR
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and g	ve nearest town)
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN TOWN TURNERS STATION		
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS / 38 AVONBEACH B. TURNER	ADDRESS 138 ALLES OCH PA 23	9
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	
(Type or Print) JOHN CLIFTON	MACKLIN OF DEATH FEB	(Day) (Year)
6. SEX ALE 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under Months	l year If under 24 h Days Hours Mis
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country) I	2. CITIZEN OF WHA
done during most of working life, even if getired) TELLION REPORTED	Y. ALBERTA, IRGINIA	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
UNKNOWN	BESSIE JOHNSON	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or anknown) (If yes, give war or dates of 2/6-10-3225	TRENE BACKLIN- 138 Arons	EACHCD
18. MEDICAL CE	ERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEE CNSET AND DEAT
A A A	(Occlusión	ONSET AND DEAT
Immediate cause (a)	O CCCUsin	
120.1	100 mm m m m m m m m m m m m m m m m m m	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Antecedent cause(s) Diseases or conditions, if any, (b)		
glving rise to the above cause	27	
stating the underlying cause last		
(c)	·	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
The state of the s		20. AUTUFSTT
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	COUNTY OF MONEY	Yes No
PRIMARY OR CONTRIBUTING INJURY office-bidg., etc.)	(CITY OR TOWN) (COUNTY	(STATE) /
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not while work at work		
22. I certify that I took charge of the remains described above, held an A	Autopsy _, Inspection _, Inquiry thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes , accident , suicide , homicide ,	cased died on the dry stated above, and death in my	opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
11/7 Anino ma (1/402 1		7777
of low and one will he	your Dundak- 27 mg	19/5-1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	ity) (State)
MEMOVAL (Spreity) 2/8/51	Sure P. P. Talt	
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 2/6/51 a. W. Ke-11-2	100 100 4.	
- Marie Mari	Manus 1. Dan-801	mad. ane.
	69	0336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

13/14

50

Reg. Dist. No....

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) GOVANS. CITY (If odtside corporate limits, write RORAL and give nearest town) LENGTH OF STAY (in this place) TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF Middle) (Last) (Month) (Day) (Year) DECEASED GEORGE FEBRUARY MASON 194 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVERCED, (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. COLORED Months. Days | Hours | Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR A1. BIRTHPEACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired)

13. FATHER'S NAME INDUSTRY 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or mknown) | (If year, give war or dates of 11. INFORMANT 1 16. SOCIAL SECURITY NO. service) INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH CORONARY OCCLUSION Immediate cause Antecedent cause(s) OF CORONARY ARTERY OF HEAR Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last GENERALIZED ARTERIOSCLEROSIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? hone Yes [No R 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bidg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE none INJURY INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? While at Not While INJURY Work At work ch 8, 1948, to Johnson 31977, that I last saw the deceased 22. I hereby certify that I attended the deceased from Man alive on Tehruay 37, 1957, and that death occurred at 320 A.m., from the causes and on the date stated above. SIGNATURE DATE SIGNED 6,210 YORK BALTIMORFIY, M 23. BURIAL, CREMATION DEMOVAL (Specify) LOCATION (City, town, or county) DATE REC'D BY LOCAL

D.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

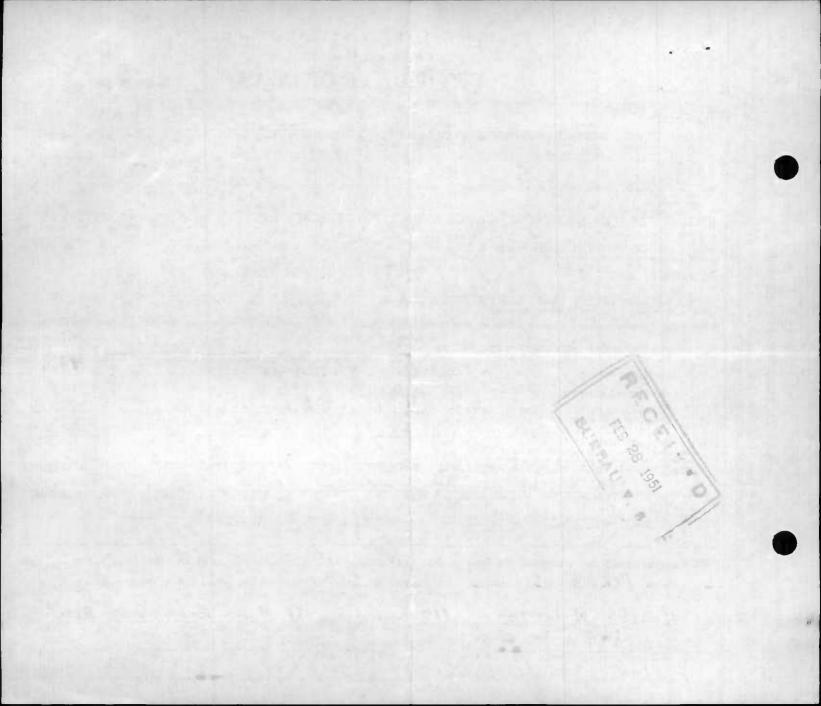
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1. PLACE OF DEATH. COUNTY Sallo, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY
CITY (If open de comborate limits, write RURAL and UENGTH OF STAY OR GIVE are town) TOWN (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR Sliver Beaon Rs.	STREET ADDRESS (If fural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print) Profesh L.	Mara, OFATH (Month) (Day) (Year)
6. SEX 6. COLORD'S BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Special Windows)	July 4, 1868 82 yrs. If upder 1 year Hours Months Days Hours Min.
done during most of working life, even if retired) Tetired tallor Give kind of work Gibb. Kind of Business or Chrustry Canster Tailoring	
IS. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Maxa	unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of none	
laervice) 11011C	Edward Maxa, son, above
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Antecedent cause(s)	
12 / Diseases or conditions, if any, (b)	assolve rend
stating the underlying cause last	1 6
(c)	Aluxa.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Alman.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	20. AUTOPSY? Yes \(\text{No} \(\text{D} \)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	(CITY OR TOWN) (COUNTY) (STATE)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS 1 PLACE (Home, farm, factory, street.	Yes 🗀 No 🖂
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) INJURY CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said decentaring the contribution of	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? Autopsy □, Inspection □, Inquiry □ thereon and from the evidence ased died on the day stated above, and death in my opinion resulted undetermined □. Autopsy Ca Dundala 22 md. 7/20/5,
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) INJURY CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decenfrom: natural causes accident accident the condition of the condit	Yes No
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) INJURY CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said decentaries in the said Autopsy of the said work of the said Autopsy of the said Autopsy of the said work of the said Autopsy of th	Yes No

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	& Balto
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN MARYLAND LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Spooklandwill	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villy Julie-Valley Road	STREET (If rural, give location) ADDRESS Villa Julie - Valley (2.0
(Type of Print),	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) 24 195)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	may 6, 1871 / yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Brisiness or Industry 1 EACHER 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	yew york	COUNTRY?
12 FATHER'S NAME Jahn We Caffley	14. MOTHER'S MAIDEN NAME May Fizger	
15. WAS DECRASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary	Ingromptus	11/00
Antecedent cause(s) Diseases or conditions, if any, (b) Cancer le giving rise to the above cause stating the underlying cause last (c)	gr breast	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	asl	Yes No
Z1. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19.50, to F. J., 19.51, that I last s	saw the deceased
alive on Fal 23, 1951, and that death occurred at SIGNATURE (Degree or title)	ADDRESS	tated above. DATE SIGNED
	ager St # 2 Baltimare ERY OR CREMATORY LOCATION (City, town, or coun	Md (Str.te)
REMOVAL (Specify) 2-26-51 Trinity	Cemetry Slehester	med.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Jung A Failey Catonwelle	ADDRESS
	20	0500



MARGIN RESERVED FOR BINDING NFADING INK. Supply every item of information

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

		47
Reg. Dist.	No	

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Balls
CITY (If outside corporate limits, write RURAL and OR give nearest town) OR with the state of t	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS /232 bogk and	STREET ADDRESS /132 (If ru al give location)
3. NAME OF (First) (Middle) DECEASED (Type or Print)	Heile 4. DATE (Month) (Day) (Year) OF DEATH Lety 27 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) divorced	8. DATE OF BIRTH 9. AGE last birthday If inder I year If under 24 hrs. Agual 9 87 7 yrs. Months Days Hours Min.
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Cook	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war or dates of service)	Clarence Wheitel Berauls
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Disease nr conditions, if any, giving rise to the above cause stating the underlying cause last	Varcula disease
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No D
21. EXTERNAL CAUSE WAS PRIMARY GRONTRIBUTING Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY over at work work work work work work work work	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes D. accident , suicide , homicide , significant to the said december of the	ased died on the dry stated above, and death in my opinion resulted
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (Side) Crematory Bolto Md ADDRESS
3-1-0111111	1 Jan. J. Julier & some - Sales

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Softmore MARYL	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) (If this TOWN)	OF STAY CITY (If outside corporate limits, write RURAL and give negreet town)
HOSPITAL OR INSTITUTION OR Masonic Home	STREET (W rural, give location) ADDRESS 3002 C. Practs St.
3. NAME OF DECEASED (First) (Middle) Hagdule	
5. SEX 6. COLOR OB RACE 7. SINGLE, MART WIDOWED, DIV (Specify)	8. PATE OF BIRTH 9. AGE last birthday II under 1 year II under 24 h ORGED, Queg. 27-1869 8 yrs. Wrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of But done during most of working life, even if retired)	HNINGS OR 11. MATHIPLACE (State or foreign country) 12. CITIZEN OF WHA
Chase H. Huter	Mary a. Has
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	TY NO. 17. DEFORMANT AND ADDRESS
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	EDICAL CERTIFICATION TH ONSET AND DEAT
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	tes mellitus
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, fact OF office hidg., etc.) IOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURR OF INJURY m. Work At v	
	2/7 , 19.49, to July 19.57, that I last saw the deceased
alive on 12/2, 19.5%, and that death occursions (Degree or to	arred at
Waller Lees M. Zi. BURIAL, CREMATION DATE NAME OF	CEMETERY OR CREMATORY LOCATION (Givetown of county) (State)
Burial 2/2/5-1 Arus	L Rigge Cemetery Baltimore Std
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	Les Home Cook, St. Paul & Bresten St



2411 N. Charles Street, Baltimore

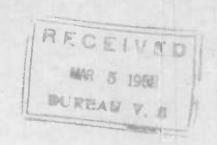
CERTIFICATE OF DEATH

Reg. Dist. No. 35

	Reg. Dist. 140	rv»
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Baltimore, MARYLAND	STATE COUNTY	ore.
OR give hearest town) CITY (II outside corporate limits, write RURAL and LENGTH OF STAY (in, this place)	CITY (If outside corporate limits, write RURAL and give on	earest towo).
TOWN Jurd near linite ITall 4 yrs.	TOWN THYO! near While	4211
HOSPITAL OR INSTITUTION OR III	ADDRESS (1 rural, give location)	4
STREET ADDRESS VV CS/ //V/	at West Liberi	/y.
3. NAME OF (First) (Middlg)	M. (Last) 4. DATE (Month) (D	ay) (Year)
(Type or Print) Charles Warren	11/2e/ DEATH POR 2	6 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year	ar II under 24 hrs
(Specify)/WT/1Cd	Ve. 61, 18, 186/ 1 6 06, yrs.	ys Hours Min.
done during most of working life, even if retired) 10b. Kind of Business of Morking life, even if retired		TIZEN OF WHAT
Freight Conductor / allroad.	Wallimore, Wid.	J. A
13. FATTRER'S NAME	14. MOTHER'S MAIDEN NAME	
Laring Market Company	Mander Lille.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or maknown) (If yes, give war or dates of	17. INFORMANT AND ADDITESS.	4 //M/
// (service) // 1-0/-8334;	MILES CHARLES W. MILES	14/1/Ud.
18. MEDICAL CE		TERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Oz	NSET AND DEATH
Immediate cause (a) Coronary	occlusion	
Immediate cause		0 00 00 00 , ver , com beambook co , r , b ;
Antecedent cause(s) Diseases or conditions, if any. (b)		
141 giving rise to the above cause	**************************************	************************
stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions cootributing to the death but not		
related to the disease or coodition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20	AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(650111)	(DIAIE)
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At-work		
	2.	
22. I hereby certify that I attended the deceased from Land. D	1907, toval, 19 , that I last saw	the deceased
alive on, 19, and that death occurred at		
SIGNATURE (Degree or title)		ATE SIGNED
P. 1. Frankley 1	5 - 0-+) 0 7/-	7/2:
C. M. I rence va. N. O	william, net,	11-1
TREMOVAL (Specify) AA / / / / /	RY OR CREMATORY LOCATION (City, town, or county)	(State)
DATE/REC'D BY LOCAL REGISTRAR'S SIGNATURE	CME/ATY OCKEYSUILE DONTA	Con / / d.
Production of the state of the		DDRESS
"The 1-1921 me . Howard D. Markelen	x sacoo / tarrensely, four	Tradon
	203508	Pennai

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE HOME) OF DECEASED COUNTY	Balto
CITY (If outside corporate limits, write RURAL and CR give nearest town) OR give nearest town) VLY LG (in this place)	CITY (If outside corporate limits, write RURAL and given TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 W. F. M. AV.	ADDRESS 109 W Fin AV-	
	(Last) · 4. DATE (Month) OF DEATH FED	(Day) (Year) 5 5/19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WY V 1 2 2	Sept 9/889 6/ yrs. Months.	Days Hours Min.
done during niost of vorking life, even if retired) 10b. Kind of Business on the done during niost of vorking life, even if retired) 10c. USUAL OCCUPATION (Give kind of work done during niost of vorking life, even if retired) 10c. USUAL OCCUPATION (Give kind of work done during niost of vorking life, even if retired)		CITIZEN OF WHAT
13. FATHER'S NAME	MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, nor, unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS	F 1. 121 1
V() service) // O // O	Harrence L. Mossinger 19	9 W Elm Ave
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) CEREBRAL	HEMORRHAGE	2 ± HRS.
33/× Antecedent cause(s)		
Diseases or conditions, if any, (b) ESSENTIAL	HYPERTENSION	7 YRS +
giving rise to the above cause stating the underlying cause last	9	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No V
SUICIDE OF office bldg., etc.) IIOMICIDE INJURY		(SIAIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	9, 19 43, to 2/5, 195/, that I last sa	w the deceased
SIGNATURE / JOHN W MADUEN (Degree or title)	ADDRESS and on the date sta	ated above. DATE SIGNED
the whather ma. 6:	331 Belan Ra (6) .	2/5/1951
23. BURIAL CREMATION DATE NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR	PENNA.
REG. 2/7/5/ a. W. Helrich	Dephel Bros. 1110 BELA	ir RO.
	1/1/	

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH		
COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	10
Jackvelle MARYLAND	Maryland on	pulle.
CITY (If outside corporate limits, write RURAL and OR give nearest syn) (in this place)	CITY (If outside corporate limits, write RURAL and give	nearest town)
HOSPITAL OR	STREET (If ruyal, give focation)	12 0
INSTITUTION OR STREET ADDRESS Old Traiford Road	ADDRESS ald Harford	Cood
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) / Leman / 100a	DEATH Let.	17 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,		Days Hours Min.
make waite some street	11. BERTHPLACE (State or foreign/country) 12.	CITIZEN OF WHAT
done Author from of wheling life won if retiral) INCOURTRY O		COUNTRY?
18. FATHER'S MAME	14 MOTHER'S MAIDEN NAME	
I Verma May	N-011. 3.	erman
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	man o
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. anet Mood told the	whood ld
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) tertirioscle	rote Huero Dixian.	5 cuasa
		- in
Antecedent cause(s) Diseases or conditions, if any, (b)	1. artiripolarosis	10 cm
giving rise to the above cause stating the underlying cause last		- Constitution of the state of the same
(c)		
II. OTHER SIGNIFICANT CONDITIONS .	/ .	
Conditions contributing to the death but not related to the disease or condition causing death.	Mischnetis	
TOTAL TO THE GISCRO OF COUNTRION CANONIE GOWATE		vyears
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	7-10-000	20. AUTOPSY?
19a. DATE OF OPERATION 18b. MAJOR FINDINGS OF OPERATION		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.)	(CITY OR TOWN) (COUNTY)	20. XUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED		20. AUTOPSY? Yes No 2
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19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	20. AUTOPSY? Yes No (STATE)
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SPECIFY PLACE (Home, farm, factory, street, office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work 22. I hereby certify that I attended the deceased from Cauga	HOW DID INJURY OCCUR? 1945, to Fale 7., 1956, that I last sa	20. AUTOPSY? Yes No S (STATE) w the deceased
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work 22. I hereby certify that I attended the deceased from Carry alive on 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	HOW DID INJURY OCCUR? 1945, to fall, 7, 1956, that I last sa	20. AUTOPSY? Yes No S (STATE) w the deceased
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SPECIFY PLACE (Home, farm, factory, street, office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work 22. I hereby certify that I attended the deceased from Cauga	HOW DID INJURY OCCUR? 1945, to Fale 7., 1956, that I last sa	20. AUTOPSY? Yes No S (STATE) w the deceased
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19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on the SIGNATURE (Degree or title) 23. BURJAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 23. BURJAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19#5, to Falst 7, 195, that I last sa ADDRESS 808 # arford Rd. RY OR CREMATORY LOCATION (City, town, or county)	20. AUTOPSY? Yes No No (STATE) We the deceased deed above. DATE SIGNED (State)
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on SIGNATURE: (Degree or title) 23. BURJAL, CREMATION DATE THEREOF NAME OF CEMETER BEMOVAL (Specify)	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 1945, to File 7, 1956, that I last sa ADDRESS 808 Harford Rd.	20. AUTOPSY? Yes No No (STATE) We the deceased ted above. DATE SIGNED
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on SIGNATURE: (Degree or title) 23. BURJAL, CREMATION DATE THEREOF NAME OF CEMETER BEMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE.	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19#5, to Falst 7, 195, that I last sa ADDRESS 808 # arford Rd. RY OR CREMATORY LOCATION (City, town, or county)	20. AUTOPSY? Yes No No (STATE) We the deceased deed above. DATE SIGNED (State)

Be Sawyer

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

I. PLACE OF DI			2. USUAL RESIDENCE		
COUNTY	Baltimore	MARYLAND		land	COUNTY
CITY (If outsi	ide corporate limits, write RUR	AL and LENGTH OF STAY			AL and give nearest town)
TOWN TOWN	arest town ort Howard	36 day's place)	Town Balt	imore	
HOSPITAL OF	3		STREET	(If rural, give l	
STREET ADI	DRESS Veterans Adm	inistration Hospit	al ADDRESS 2403	Baker Stree	t
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (M	(onth) (Day) (Year)
DECEASED (Type or Print)	CHARLES	F.	MULES	O.ID	ebruary 25 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH		If under i year If under 24 hrs
Male	White	WIDOWED, DIVORCED, (Specify) Widowed	11-26-72	78 vm.	Months Days Hours Min.
		10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most	CUPATION (Give kind of work t of working life, even if retired) (UNE MDLOYED)	INDUSTRY			Country v?
13. FATHER'S N	VAME	1	Baltimore, M	N NAME	USA
David H	• MULES ED EVER IN U.S. ARMED FORCES	17 16. SOCIAL SECURITY NO.	Margaret A.		
(Yes, no, or unkno	own) (If yes, give war or dates service) SAW	of Unknown			D4 11 1 263
res	Iservice) SAW	TOURNOWN	Clin.Rec., ve	t.Aam.Hosp.,	Ft. Howard, Md.
		18. MEDICAL CE	CRTIFICATION		7
I. DISEASES OF	R CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
450.0 Immed	diate cause (a) G	eneralized Artorio	sclerosis,		unknown
	2				
47d Disease	edent cause(s) s or conditions, if any, (b) tise to the above cause the underlying cause last		**************************************	10001 woodquas has 11 * * 001 000 * 2020 40 2010 111 * * * * * * *	
	(c)				
	NIFICANT CONDITIONS ntributing to the death but not disease or condition causing deat	th. Tuberculera, / lef	型 / ルノイイイ / イノバー	vich no evide tuberculosis	nce of unknown
19a. DATE OF	OPERATION 19b. MAJOR	FINDINGS OF OPERATION		(5/4/51 akc	\ 20. AUTOPSY?
				()/4/)I and	Yes X No [
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR	TOWN) (COUNTY) (STATE)
TIME (Mor	nth) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?	
OF INJURY	m.	Work At work			
22. I hereby	certify that VAattended th	e deceased from Jan. 20), 19.51, to Feb.	25., 1951., 100	CXInstXianXIIInaXdexaaAdd
XIUTOUX SIGNATUR	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	d that death occurred at	ADDRESS from th	e causes and on the	date stated above. DATE SIGNED
WALTER R.	BENSON, M.D.	VAH.	Fort Howard, Me	d.	2-27-51
23. BURIAL, CR	REMATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, tow	
DATE REC'D	BY LOCAL REGISTRAR'S	Raltimore N	24. FUNERAL DIRECT	Raltimore, M	ADDRESS
PEG. 1 C		Reduch			
7.5	3/		Wm. Cook Funer		Paul & Preston St
			5	12 VVV Ba	Itimore, Md.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15

PLEASE

VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH. DELICO. CO.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
MARYLAND MARYLAND	Wd.	
OR give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN	TOWN Werles	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Willow Ove	STREET (If rural, give location)	4
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Sentual YVIIII	DEATH Jelc-2"	1951
5. SEX 6. COLOR OF RACE 7. SINGLE, MARKIED, WIDOWED, DIVORCED,	S. DATE OF BIRTH 9. AGE last birthday If under i	year If under 24 hrs Days Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	Heby- 36-1818 72 ym.	
done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
13. FATHER'S NAME	114. MOTHER'S MAIDEN NAME I	
Maria Romania	W. WHA!	
15. WAS DECRASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, no, or unknown) [(If yes, give war or dates of	17 INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	the Propositional all mines from	(9)
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
11. + 12. a.	7/ /	9
4201 Immediate cause (a)	any unomfores	Judden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	ic cardiovascular disease	Indefinite
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 2
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. While at Not While Work At work	HOW DID INJURY OCCUR?	
	.110 3./ 22 5/	
22. I hereby certify that I attended the deceased from	, 19.77., to 22., 193/, that I last se	w the deceased
alive on Sec., 1950, and that death occurred at 9	1.15 P.m., from the causes and on the date sta	ted above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Francis J. Dickey MD. 715 M.	·	md.
23, BURIAL, CREMATION DATE TIPEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS +
126/01 Jan Hauch	John C. Helly Luc - 2435 C	16 purs J. c

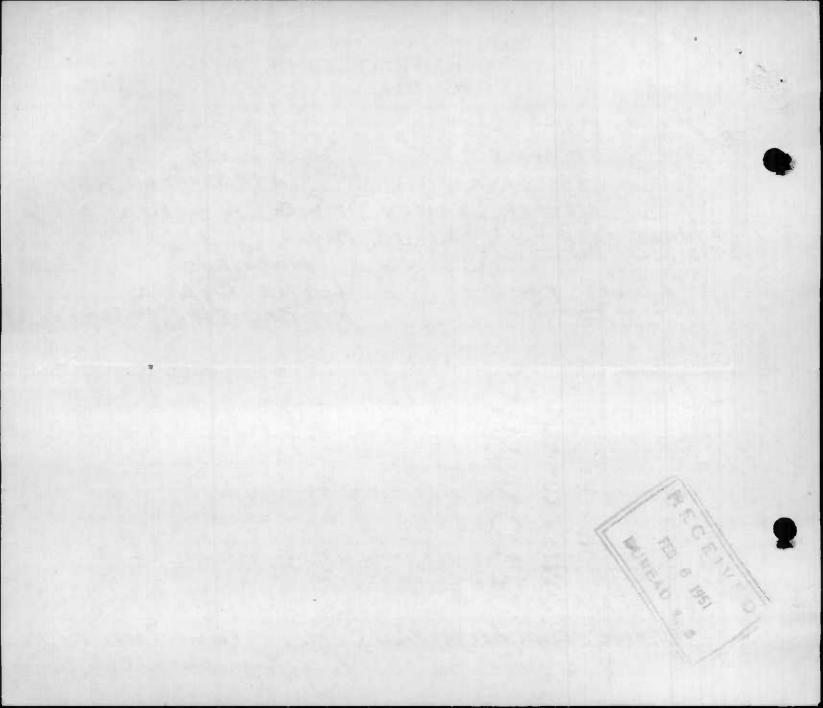
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 194/

1. DIREASES OF CONDITIONS DIRECTLY LEADING TO DEATH 1. DIRECTLY ON CONTRIBUTION OF COURSE OF CONDITIONS OF CONDITIONS OF CONDITIONS DIRECTLY LEADING TO DEATH 1. DIRECTLY ON CONTRIBUTION OF COURSE OF CONDITIONS OF CONDITIONS OF CONDITIONS OF CONDITIONS DIRECTLY LEADING TO TRANSPORT OF CONDITIONS OF C			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (to this piece) TOWN STREET ADDRESS AND STREET ADDRESS AND STREET ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AND STREET ADDRESS A	COUNTY		
TOWN STREET ADDRESS 340 SAVANDIA STREET (If rural, give location) TOWN STREET ADDRESS 340 SAVANDIA BUE STREET ADDRESS 340 SAVANDIA		MID. I SHLTIMONE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 SOVANDE DEATH ADDRESS 340	TOWN give nearest towo) ESSEY (io this place)	OR -	o oearest towo)
STREET ADDRESS NAME OF DECRASED DECRASED DECRASED TO DECRASED TO DEATH DEATH TO DEATH Months Days Hours Hours Months Days Hours Hou	HOSPITAL OR	ADDDEED S	
ADRESS OR CONDITIONS DIRECTLY LEADING TO DEATH A SOLAR COUNTY	STREET ADDRESS 340 SAVANALI AUE.	ADDRESS 340 SAVANAH A	UE.
19a. USUAL OCCIPATION (Give kind of work done during many) (19b. Kind of Business or 11b. Birthplace (State of foreign country) (12c Cittlen of Winat Country) (13. FATHER'S NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES! (16. SOCIAL SECURITY NO. (17. INFORMANT (Yes. BO, or unknown)) (If yes, give war or dates of leaves) (19b. Major Finding of the decree of leaves) (19b. M	DECEASED FEET FO	OF	(Day) (Year) 3 1954
198. USUAL OCCUPATION (Give kind of work done during must) of working life, even if retired Injurrary Injurrar			year If under 24 hrs.
Internation		18119 (Seco. 1700) 78 yrs.	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of less of	done during most, of working life, even if retired) INDUSTRY	1 00 0 10	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO	13. FATHER'S NAME		^
Yee, no, or unknown) (If yee, give war or dates of service) Is. MEDICAL CERTIFICATION IS. MEDICAL CERTIFIC	Louis PAUGH	LOTTIE BIGGS.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21. ENTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING PORT DEATH. TIME (Month) (Day) (Year) While at work 1 Not while work 2 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and denth in my opinion resulted from: anterial causes accident suicide nonlineary not while stignificant causes accident suicide nonlineary not while nonlineary not while nonlineary not while nonlineary nonlineary not while nonlineary n			
Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ENTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OBJECT OF OPERATION 22. ENTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OBJECT OF OPERATION 21. ENTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OBJECT OBJECT OF OBJECT OF OBJECT OF OBJECT OF OBJECT OF OBJECT OF OBJECT OBJECT OF OBJECT OBJEC	service)	MRS. DESSIE MULTIONA	NUW OH HAVE
Immediate cause (a)	18. MEDICAL CEI	RTIFICATION	-13E K
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause acting the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. IPa. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OPERATION 20. AUTOPSY! Yes Nouth PRIMARY OR CONTRIBUTING OF OPERATION (STATE) TIME (Month) (Day) (Year) (Hour) (NJURY OCCURED OF OF OPERATION 10b (NJURY OCCURED OF OPERATION 10b (NJURY OCCURED at work) 22. I certify that I took charge of the remains described above, held an Autopsy Inspection of Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of a coident of the said deceased died on the day stated above, and death in my opinion resulted from: natural causes of a coident of the said deceased died on the day stated above, and death in my opinion resulted from: natural causes of a coident of the said deceased died on the day stated above, and death in my opinion resulted from: natural causes of a coident of the said deceased died on the day stated above, and death in my opinion resulted from: natural causes of a coident of the said deceased died on the day stated above, and death in my opinion resulted from: natural causes of the remains decribed on the day stated above, and death in my opinion resulted from: natural causes of the remains decribed on the day stated above, and death in my opinion resulted from: natural causes of the remains decribed on the day stated above, and death in my opinion resulted from: natural causes of the remains decribed on the day stated above, and death in my opinion resulted from: natural causes of the remains decribed on the day stated above, and death in my opinion resulted from: natural causes of the remains decribed above, and death in my opinion resulted from: natural causes of	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause acting the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. IPa. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OPERATION 20. AUTOPSY! Yes Nouth PRIMARY OR CONTRIBUTING OF OPERATION (STATE) TIME (Month) (Day) (Year) (Hour) (NJURY OCCURED OF OF OPERATION 10b (NJURY OCCURED OF OPERATION 10b (NJURY OCCURED at work) 22. I certify that I took charge of the remains described above, held an Autopsy Inspection of Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of a coident of the said deceased died on the day stated above, and death in my opinion resulted from: natural causes of a coident of the said deceased died on the day stated above, and death in my opinion resulted from: natural causes of a coident of the said deceased died on the day stated above, and death in my opinion resulted from: natural causes of a coident of the said deceased died on the day stated above, and death in my opinion resulted from: natural causes of a coident of the said deceased died on the day stated above, and death in my opinion resulted from: natural causes of the remains decribed on the day stated above, and death in my opinion resulted from: natural causes of the remains decribed on the day stated above, and death in my opinion resulted from: natural causes of the remains decribed on the day stated above, and death in my opinion resulted from: natural causes of the remains decribed on the day stated above, and death in my opinion resulted from: natural causes of the remains decribed on the day stated above, and death in my opinion resulted from: natural causes of the remains decribed above, and death in my opinion resulted from: natural causes of	MALLIE	LCeller i	
Disease or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Office bidg., etc.) PRIMARY OR CONTRIBUTING Office bidg., etc.) (NURY OF DEATH. TIME (Month) (Day) (Year) (Hour) (NURY OCCURRED Not while at work work at work and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined . SIGNATURE 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. MUREAL DIRECTOR ADDRESS ADDRESS	Immediate cause (a)		
Disease or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Office bidg., etc.) PRIMARY OR CONTRIBUTING Office bidg., etc.) (NURY OF DEATH. TIME (Month) (Day) (Year) (Hour) (NURY OCCURRED Not while at work work at work and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined . SIGNATURE 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. MUREAL DIRECTOR ADDRESS ADDRESS	4 Antecedent cause(s)		
Stating the underlying cause last	Diseases or conditions, if any, (b)		00 00 00 00 000 000 000 000 000 000 00
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDI			
Conditions contributing to the desth but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes Note Note			
related to the disease of condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OPERATION (CITY OR TOWN) (COUNTY) (STATE) 22. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OPERATION (NJURY OF OPERATION) (STATE) TIME (Month) (Day) (Year) (Hour) (NJURY OCCURRED Not while at Not while at work 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or couoty) (State) 24. JUNERAL DIRECTOR ADDRESS DATE SIGNATURE 24. JUNERAL DIRECTOR ADDRESS	II. OTHER SIGNIFICANT CONDITIONS		
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Order bldg., etc.) OF Order bldg., etc.) NJURY TIME (Month) (Day) (Year) (Hour) NJURY OCCURRED OF INJURY OCCURRED OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased cied on the day stated above, and death in my opinion resulted from: natural causes Accident Inquiry, find that said deceased cied on the day stated above, and death in my opinion resulted from: natural causes Accident Inquiry, find that said deceased cied on the day stated above, and death in my opinion resulted from: natural causes Accident Inquiry Indetermined Indetermine			
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF COORDING INJURY OF ONCE INJURY TIME (Month) (Day) (Year) (Hour) (NJURY OCCURRED While at Not while INJURY) 22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Accident Insural causes I	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
TIME (Month) (Day) (Year) Hour) Not while at work How DID INJURY OCCUR? 22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide homicide nundetermined ADDRESS 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or couoty) 24. JUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. JUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS 24. JUNERAL DIRECTOR ADDRESS ADDRE			Yes O NoLD
TIME (Month) (Day) (Year) Hour) Not while at work How DID INJURY OCCUR? 22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide homicide nundetermined ADDRESS 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or couoty) 24. JUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. JUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS 24. JUNERAL DIRECTOR ADDRESS ADDRE	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office blog, etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) ADDRESS 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or couoty) (State) ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (LOCATION CITY, town, or couoty) (State) ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (LOCATION CITY, town, or county) (ADDRESS)	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE			
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) ADDRESS 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (State) ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. JUNERAL DIRECTOR ADDRESS			
SIGNATURE (Degree or title) ADDRESS DATE SIGNED ADDRESS 23. BURIAL, CREMATION DATE THEREOF RETMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PROPERTY OR CREMATORY LOCATION (City, town, or county) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. JUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	22. I certify that I took charge of the remains described above, held an A	utopsy , Inspection , Inquiry thereon and	from the evidence
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS DATE SIGNED ADDRESS ADDRES	from: natural causes A. accident \(\tau_i \), suicide \(\tau_i \), homicide \(\tau_i \)	used died on the day sided doore, and death in my a	орингон техинеа
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 24. BURIAL (Specify) PER-C.1951 MTZ. CEM. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. JUNERAL DIRECTOR ADDRESS ADDRESS	SIGNATURE (Degree or title)		DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 JUNERAL DIRECTOR ADDRESS ADDRESS OF THE REC'D BY LOCAL REGISTRAR'S SIGNATURE	10 10 Davio ms Ly mes Su	me Tundare-22-Med	1/3/5,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 JUNERAL DIRECTOR ADDRESS ADDRESS	23, BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
	BUZIAL. FEB. 6.1981 MTZION	CEM. DAKIAND GARRE	TTCO MD.
The state of the s	RECO 2 1951 Miss.		ADDRESS BOX
	1000	The state of the s	- July Comment



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....33

		*
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	0.11.
Jallimore MARYLAND	Muy land	Zacumore
CITY If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	nearest town)
HOSPITAL OR PLEASE, Ours 72 years	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS FALLS Prod	ADDRESS Falls Park	7.7
3. NAME OF (/)First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Land Problem	Palyals. OF DEATH Feb.	17 19 1
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH , 9, AGE last birthday If under 1	year If under 24 hrs. Days Hours Min.
Marie Specify maried	///24//46 Ad / C yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyon if retired)	II. BIRTHIP ACE (State or foreign country) 12. C	CITIZEN OF WHAT
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	U. J.A.
Mober Bullay	azabeth Dosson	~
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If year, give war or date of	17. INFORMAND AND ADDRESS	5.0
service)	/ Kld. four Dil/ segry lypes	s. mo
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	7. 1.4.	2 DEATH
Immediate cause (a) Insueu	Regreashla	
442 Antecedent cause(s)		7
Diseases or conditions, if any, (b) Jy hardened (alle real Cascular desina	
13/ov giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		e (e) ee ee palijoo :: magaya ; aqqa eadaan is suu
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITT ON TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!	
OF While at Not While INJURY m. Work At work		
6.1	- " (1	-
22. I hereby certify that I attended the deceased from	19.41, to 1-41.15., 19.57, that I last say	w the deceased
alive on fell 13 , 1951, and that death occurred at	7:30 m. from the causes and on the date state	ed shows
SIGNATURE (Pegree or title)	ADDRESS	DATE SIGNED
touch C Dush mo	Stampelind mel.	Feb 15,1951
23. BURIAL, CREMATION DATE REMOVAL Society Heb 19/195/ House		(State)
DATE REGISTRARS SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DAPE RECOVEY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE ELINE.	Leve Lipton, Hampites	d Med
	1290	116 1



7.

The correct age

Supply every item of information carefully. write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

VS. A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTE
ATTAIN THE PARTY AND	DALLA	TARREST VALUE OF TARREST A T	OT.	TIMMET

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

		CERTIFICAT	E OF DEAT	H R	eg. Dist. N	lo	• • • • • • • • • • • • • • • • • • • •
1. PLACE OF DEATI	I (•		2. USUAL RESIDENCE (HOME) OF DECE	EASED.		
COUNTY	BALTIMORE	MARYLAND	STATE Md.		COUNT	BALTIMOR	E
CITY (If outside cook give nearest TOWN	orporate limits, write RURA		CITY (If outside corpora OR TOWN ESSEX	ate limits, write Ri	JRAL and gi	ive nearest tow	n)
HOSPITAL OR INSTITUTION OF STREET ADDRES	R 9 Avenal	Ave.	STREET	(If rural, given al Ave.	ve location)		
3. NAME OF	(First)	(Middie)	(Last)	4. DATE	(Month)	(Day)	(Year)
DECEASED (Type or Print)	IDA	V.	PICKETT	OF DEATH	Feb.	25.	19 5
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthe	day If under	1 year If und	
female	white	WIDOWED, DIVORCED, (Specify) widowed	July 22, 1875	PE	Ts. Months	Days Hour	Min.
10a. USUAL OCCUP.	ATION (Give kind of work porking life, even if retired)	10h. Kind of Business or Industry. At. Home	Maryland			2. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAM	E	AC. HOMB	14. MOTHER'S MAIDEN	NAME			
William F							
15. WAS DECEASED E	VER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		Elizabeth Rot 17. INFORMANT AND Mrs. V. Downi	ADDRESS	Cornwa	11 Rd.	
	100.1107	18. MEDICAL CE	ERTIFICATION			1	
I. DISEASES OR CO	ONDITIONS DIRECTLY I	LEADING TO DEATH				INTERVAL B ONSET AND	DEATH
Immediate	e cause (a)	arkiender	dei C.V. Deser	٠	**********	nor	155
Diseases or	nt cause(s) conditions, if any, the above cause	Cerebro soma	lai Hemorela		1 6 6 6 7 MARY 30 990 30 4 11 3 5 5 5	mar	5-5
	nderlying cause last (c)	acute com	eary occluse			7.4:	25.5
Conditions contribu	CANT CONDITIONS sting to the death hut not se or condition causing death	Zeme					
		INDINGS OF OPERATION				20. AUTOI	PSY?
22		arme				Yes 🗆	No d
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	EE (Home, farm, factory, street, office hldg., P.)	CITY OR 7	rown)	(COUNTY		
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While Not While Work At work	HOW DID INJURY OC	CUR?			
22. I hereby certi	ify that I attended the	deceased from	ADDRESS m., from the				
23. BURIAL, CREM REMOVAL (Spec BUY 18 I	ify) 3/1/51	Balto. Ce	em.	LOCATION (City.	to. Me	d. 1	tate)
DATE REC'D BY		SIGNATURE	24. PUNERAL DIRECTO	R/ . /	It il		not

2411 N. Charles Street, Baltimore

1318

CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY Balto. MARYLAND	STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and OR give magnest town) TOWN 1 OWSON	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
HOSPITAL OR Armacost Nursing Home street Address 812 Regester Ave.	STREET (If rural, give location) ADDRESS 4138 Roland Ave.
3. NAME OF (First) (Middle) DECEASED (Type or Print) EUPHEMIA (EFFIE)	(Last) 4. DATE (Month) (Day) (Year) PLENDERLEITH DEATH Feb. 7, 1951 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Dec. 20, 1876 9. AGE last birthday H under 1 year H under 24 hrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Wm. Plenderleith	14. MOTHER'S MAIDEN NAME Catherine Adamson
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of nervice)	Mr. J. Douglas Colman - 300 Edgevale Rd.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Extification Mouth and tongue Interval Between ONSET AND DEATH
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	2 motastases undann
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	Junth ord trage 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?
	1947, to Feb 7, 1951, that I last saw the deceased
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
23. BUNIAL, CREMATION DATE REMOVAL (Specify) Cremation DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2/9	RY OR CREMATORY LOCATION (City, town, or county) (State)
= 1/13/19	Tallo. 4.

VS. Al5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1319

CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH COUNTY / Dack MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and given TOWN Sallimore	e nearest town)
HOSPITAL OR INSTITUTION OR 5604 Hamilton are	STREET ADDRESS 5604 Hamilton	ave
3. NAME OF (First) DECEASED (Type or Print) WILLIAM. Henry Tyl	C (Last) 4. DATE (Month) OF DEATH FLU	(Day) (Year) 4 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Married		I year If under 24 brs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry 10c. USUAL OCCUPATION (Give kind of work down to be business or live to be business.	11. BIRTHPLACE (State or foreign country) Saltimore Md	CITIZEN OF WHAT
13. FATHER'S NAME William Price	14. MOTHER'S MAIDEN NAME	þ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 20, or unknown) (If year, give war or dates of Monte	Jennie Beard 5604 Ham	elton are,
I8. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
420 / Immediate cause (a) Coverary	Oulusion	1 day
Antecedent cause(s)	rotee Carelio-Vasular	
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	diseure	2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes П No П
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) NJURY INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from hely 4	4., 19.50, to Feb 4., 19.51, that I last s	w the deceased
4 /		
alive on 19.5, 19.5, and that death occurred at	ADDRESS/	ted above. DATE SIGNED
Teo. M. Baumgardner MD 1	Salto 6 md. Fel	41957
23. BURIAL, CREMATION DATE NAME OF CEMETE REMOVAL (Specify)	of Mamorial Laylor are	· Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2/5/5/	Mulared J. Blight, 6009	Haylad Ra
725	290	116

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH	timore		District of	HOME) OF DECEASE	COUNTY	
	orporate limits, write RURA	MARYLAND	CITY (If outside corpora	COLUMDIA	T and dive no	
OR give pearest TOWN TOWS	town) On. Md.	16 yrs II mo	oR TOWN Washingt		TI STICK RIVE ITES	rest town)
		& Enoch Pratt Ho	STREET 202 Dun	nbar for cour	tation 1657	31st St.
3. NAME OF	(First)	(Middle)	(Last)		onth) (Da	y) (Year)
DECEASED (Type or Print)	Sarah	Byrd P	ritchett	OF DEATH Febr	uary 20	19 51
6. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH Apr. 28, 1867	9. AGE last birthday	If under 1 yea Months Day	Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work porking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Missouri 11. MOTHER'S MAIDEN		12. Cr Coun	TIZEN OF WHAT
	ter Pritchett	6	Betty Smith			
15. WAS DECRASED EV (Yes, no, or unknown)	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY No.	17. INFORMANT AND HOSPITAL R			
No	service)	18. MEDICAL C		Men sting	1	
	AND THE PARTY OF T		ERIFICATION			ERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY					SET AND DEATH
Immediate	(0)	linous myora	rollis + Ayoca	mileal dege	neralia	1/2 400
422.	e cause	hronic myora	1 117			,
Anteceder Diseases or a giving rise to	tr cause(s) conditions, if any, the above cause inderlying cause last	Generalize	I astinos	chrosis	Z	O years
Anteceder Diseases or giving rise to atating the u	orditions, if any, or the above cause inderlying cause last (c)	Denemby	I amins	Chrosin	2	Oyean
Anteceder Diseases or glving rise to atating the u 11. OTHER SIGNIFI Conditions contribute related to the disease.	conditions, if any, (b)(c) the above cause inderlying cause last (c) CANT CONDITIONS (c) the death but not see or condition causing deat	Psychois w	I artens	Chrosin	2	O years
Anteceder Diseases or glving rise to atating the u 11. OTHER SIGNIFI Conditions contribute related to the disease.	conditions, if any, (b)(c) the above cause inderlying cause last (c) CANT CONDITIONS (c) the death but not see or condition causing deat	Denemby	I amins	Chrosin	200	1
Anteceder Diseases or giving rise to atating the u 11. OTHER SIGNIFI Conditions contributed to the disease 19a. DATE OF OPE 21. ACCIDENT SUICIDE	conditions, if any, (b)	Psychois w INDINGS OF OPERATION CE (Home, farm, factory, atreet, office bldg, etc.)	ith Control	Tolenosch	200	AUTOPSY?
Anteceder Diseases or a giving rise to stating the u 11. OTHER SIGNIFI Conditions contributed to the diseases. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE	conditions, if any, of the above cause inderlying cause last (c) CANT CONDITIONS thing to the death hut not see or condition causing deat RATION 19b. MAJOR E (Specify) PLA OF INJU	Psychois w INDINGS OF OPERATION CE (Home, farm, factory, atreet, office bldg, etc.)	ith Control	Adenos clas	Z	es No.
Anteceder Diseases or giving rise to atating the u 11. OTHER SIGNIFI Conditions contributed to the diseases of the diseases or giving rise to atating the u 12. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF	conditions, if any, be the above cause inderlying cause last (c) CANT CONDITIONS thing to the death hut not so or condition causing deat RATION 19b. MAJOR F (Specify) PLAC OF INJU	Psychois w INDINGS OF OPERATION CE (Home, farm, factory, atreet, office bldg., etc.) RY INJURY OCCURRED while at Not While	ith Control (Adenos clas	Z	es No.
Anteceder Diseases or giving rise to atating the u 11. OTHER SIGNIFI Conditions contributed to the diseases of the diseases o	conditions, if any, be needed to be not conditions, if any, be the above cause needed to be not conditions. It is not condition causing deat c	Denomby Psychois w TNDINGS OF OPERATION CE (Home, farm, factory, atreet, office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work	CONTROL OCITY OR THOW DID INJURY OC	Arlenos clas	ZOUNTY)	(STATE)
Anteceder Diseases or giving rise to atating the u 11. OTHER SIGNIFI Conditions contributed to the diseases of the diseases o	conditions, if any, be needed to be not conditions, if any, be the above cause needed to be not conditions. It is not condition causing deat c	Psychois w INDINGS OF OPERATION CE (Home, farm, factory, atreet, office bldg., etc.) RY INJURY OCCURRED while at Not While	CONTROL OCITY OR THOW DID INJURY OC	Arlenos clas	ZOUNTY)	(STATE)
Anteceder Diseases or giving rise to stating the u 11. OTHER SIGNIFI Conditions contributed to the diseases of the diseases o	conditions, if any, be the above cause inderlying cause last (c) CANT CONDITIONS thing to the death hut not so or condition causing deat RATION 19b. MAJOR F (Specify) PLAC OF INJU (Day) (Year) (Hour) m.	Denemby Psychois w INDINGS OF OPERATION CE (Home, farm, factory, atreet, office bldg., etc.) RY INJURY OCCURRED While at Not While work At work a	CITY OR THOW DID INJURY OC	COWN) (COCUR?	ZOUNTY) I last saw ((STATE)
Anteceder Diseases or giving rise to atating the u 11. OTHER SIGNIFI Conditions contributed to the diseases of the diseases o	conditions, if any, be the above cause inderlying cause last (c) CANT CONDITIONS thing to the death hut not so or condition causing deat RATION 19b. MAJOR F (Specify) PLAC OF INJU (Day) (Year) (Hour) m.	Denomby Psychois w TNDINGS OF OPERATION CE (Home, farm, factory, atreet, office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work	CITY OR THOW DID INJURY OC	COWN) (COCUR?	ZOUNTY) I last saw (see date stated	(STATE)
Anteceder Diseases or giving rise to stating the u 11. OTHER SIGNIFI Conditions contributed to the diseases of the diseases o	conditions, if any, be the above cause inderlying cause last (c) CANT CONDITIONS thing to the death hut not so or condition causing deat RATION 19b. MAJOR F (Specify) PLAC OF INJU (Day) (Year) (Hour) m.	Psychois w Psychois w INDINGS OF OPERATION CE (Home, farm, factory, atreet, office bldg., etc.) RY INJURY OCCURRED While at Not While work At work at work at the deceased from the made of the deceased from the deceased from the made of the deceased from the made of the deceased from the decease	CONTROL (CITY OR TO HOW DID INJURY OC. 5, 1934, to Feb. 729 Am., from the	COWN) (COCUR?	ZOUNTY) I last saw (see date stated	(STATE) the deceased above.
Anteceder Diseases or giving rise to atating the u 11. OTHER SIGNIFI Conditions contributed to the diseases of the diseases o	conditions, if any, obtained and in the above cause inderlying cause last (c) CANT CONDITIONS along to the death hut not so or condition causing deat RATION 19b. MAJOR F (Specify) PLAMOF INJUITATION (Hour) (Day) (Year) (Hour) if that I attended the property of the condition of the condition causing deat representation of the condition of th	Deschors and Tholings of Operation Tholings	HOW DID INJURY OCH TOWN THE SHEPPARD & HOW ERY OR CREMATORY I	COWN) (COUR? 26, 195/., that causes and on the CH PRAIT HOLO PCATION (City, town)	ZOUNTY) I last saw to date stated	(STATE) the deceased above.
Anteceder Diseases or giving rise to stating the u 11. OTHER SIGNIFI Conditions contributed to the diseases 19s. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certically callive on SIGNATURE. 23. BURIAL CREM REMOVAL (Special Conditions of the contributions of the con	conditions, if any, other above cause inderlying cause last (c) CANT CONDITIONS ating to the death hut not see or condition causing deat (Specify) (Specify) (Specify) (PLA OF INJU (Par) (Hour) m. Ify that I attended the seed of	Deschors and Tholings of Operation Tholings	HOW DID INJURY OCH 1934, to Feb. 7 2-0 Am., from the	COWN) (COUR? 26, 195/., that causes and on the CH PRAIT HOLO OCATION (City, town V ASHINGA	ZOUNTY) I last saw to date stated	(STATE) the deceased above. ATE SIGNED 26 /5 /
Anteceder Diseases or giving rise to stating the u 11. OTHER SIGNIFI Conditions contributed to the disease 19s. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certically called the conditions of the conditions of the contributed that the conditions of the conditions	conditions, if any, other above cause nderlying cause last (c) CANT CONDITIONS ating to the death hut not see or condition causing deat (Specify) (Specify) (Specify) (PLA OF INJU (Par) (Hour) m. Ify that I attended the seed of t	Deschors and Tholings of Operation Tholings	Colly OR TO HOW DID INJURY OCH TO THE ADDRESS HEPPARD & HOW ERY OR CREMATORY IN EKCEMETERY	COWN) (COUR? 26, 195/., that causes and on the CH PRAIT HOLO OCATION (City, town V ASHINGA	ZOUNTY) I last saw to date stated	(STATE) the deceased above. ATE SIGNED 26 /5 /
Anteceder Diseases or giving rise to stating the u 11. OTHER SIGNIFI Conditions contributed to the diseases 19s. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certically callive on SIGNATURE. 23. BURIAL CREM REMOVAL (Special Conditions of the contributions of the con	conditions, if any, other above cause nderlying cause last (c) CANT CONDITIONS ating to the death hut not see or condition causing deat (Specify) (Specify) (Specify) (PLA OF INJU (Par) (Hour) m. Ify that I attended the seed of t	Deschors and Tholings of Operation Tholings	Colly OR TO HOW DID INJURY OCH TO THE ADDRESS HEPPARD & HOW ERY OR CREMATORY IN EKCEMETERY	COWN) (COUR? 26, 195/., that causes and on the CH PRAIT HOLO OCATION (City, town V ASHINGA	ZOUNTY) I last saw to date stated	(STATE) the deceased above. ATE SIGNED 26 /5 /

WRITE

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MADVIAND	CTATE	DEPARTMENT	OF	LICATTE
MARILAND	OLALE	DEFABIRE	UF	HEALII

2411 N. Charles St., Baltimore

OF HEALTH 1321

CERTIFICATE OF DEATH

Diat. No. 38

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced Leucale White Single	MEDICAL CERTIFICATION 20, DATE OF DEATH. 7-4-16. 19-57. 31 10.25 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.4.7. to 7.4.4. 18.5.7. and that I last saw h 1/2. alive on 7.4.4.4.4.4.1.4.1.1.5.4. Immediate cause of death. C.O.T.O.D.O.Z.A.D.O.Z.A.D.O.C. RUSIARD. DURATION
8. AGE: Years Months Days the less than one day 87 4 21	I wk
9. Birthplace	Due to
11. Industry or business 12. Name galar Ran 13. Birthplace Germany 14. Malden name Mangarat Pand 15. Birthplace Alsace Lorraine	Dither conditions Carteries Scleratis + Ray Marketins 420.1 94a (Include pregnancy within 3 months of death) Major findings of operations Bate of op.
16. Intermant 37. Mary Clara Address Nobel Cliff Md	Autopsy results
17. B. U.R. A.L. Date thereof. 2-20-51, (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory VILLA MARIA Location NOTCH CLIFE NR Towso	Where did Injury occur? (City or town) (County) (State) /Injured at home, farm, industry, public place (where?)
18. Funeral director la harles S. Seller. Address 901 S. Coukling Sy. Batto. 14. Ind.	23. SIGNATURE. M. D. or other
19. 2 2 19 5 Ca W Heduck (Date fee'd by registrar) Registrar	Address 78 alleghery aux. Journale signed 2-16-51

VS. A15

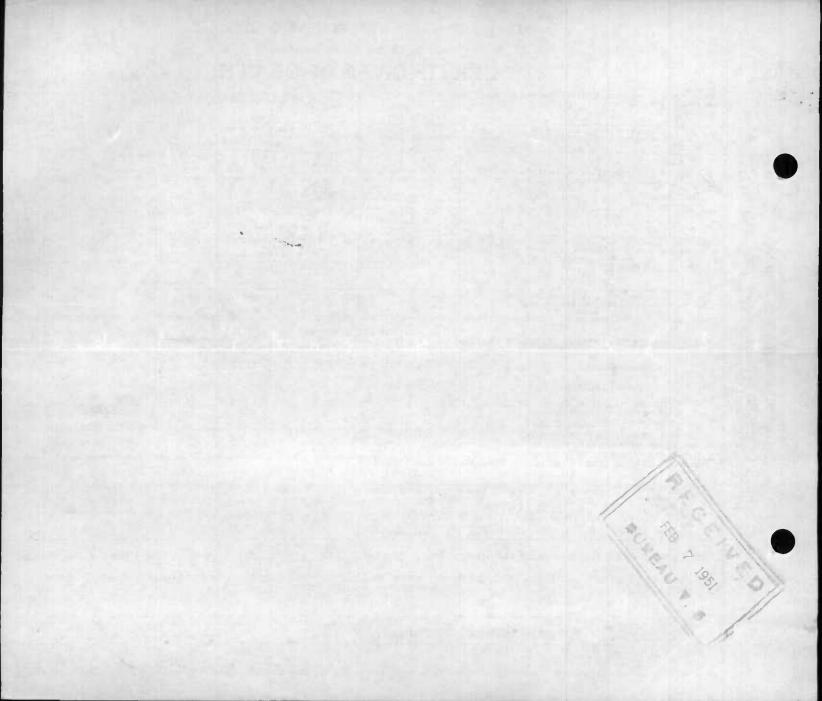
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1322

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Batts . MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Belts.
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	TOWN Catonsville,
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Crais Notsing Nome	STREET (If rural, give location) ADDRESS 9 Woodlown One.
3. NAME OF (First) (Middle) DECEASED (Type or Print) MARY MARSHALL	(Last) 4. DATE (Month) (Day) (Year) READ DEATH Y - 4 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	1 John 77, 1666 84 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME The mussfall	14. MOTHER'S MAIDEN NAME Augusto Erremone
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS
18. MEDICAL I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Onteriorclarotte ca	udiovascular disease 3 ye +
Antecedent cause(s)	
93 Diseases or conditions, if any, (b)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	15-20 yr
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, streed of the property of t	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m.	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1947, to 4 feb., 1951., that I last saw the deceased
alive on 13.6., 19.5.1., and that death occurred at SIGNATURE (Degree or title)	9.35 p. m., from the causes and on the date stated above. ADDRESS DATE SIGNED
()	TERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Species) 2.8.51 Elmoo	of Cem. Yorkville, Illinois
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2-6-5-1	Sing A Farley - Catorwille M.
	700836



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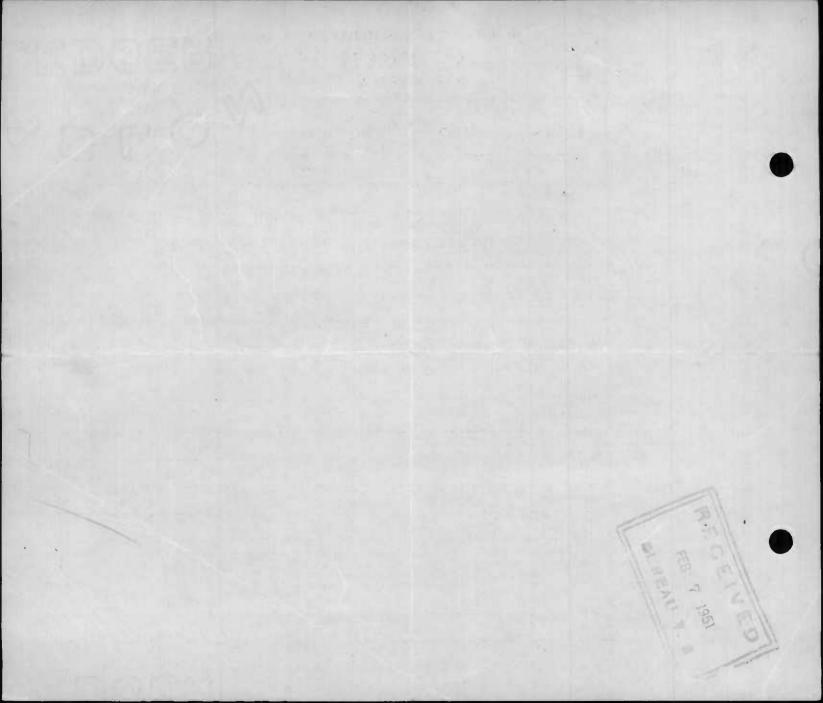
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	0 04
MARYLAND	mg.	pall.
CITY (If outside corporate limits, write RURAL and OR give nearest town) OR STAY (In this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 8ld Court Rd	ADDRESS Old Court Rd.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) 5A MUEL MATHEW.	REED DEATH	學/ 1257
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hir day If under Months 73. yrs.	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY Farm		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	110,4
unknown	Sarah Reed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	1 17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of	modela Brace Reed (.	wife)
18. MEDICAL CE		1 /
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	0.7. 9.	- 1
Immediate cause (a) Gorocorry	Dritery Dicease	hndinown
Antecedent cause(s)	Y	
940 Disease or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		e es so so so soponemento hidistriadadente con com
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
none. none		Yes 🗍 No 🕱
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY . m. While at Not while work at work	me.	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes , accident , suicide , homicide , homicide ,	eased died on the dry stated above, and death in my undetermined	opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
D. A. Eaglis Reports mid Exam m. A.	Reisberstown	Feb 1'51
	RY OR CREMATORY LOCATION (City, cown, or county)	(State)
DATE REC'D BY LOCAL RECISTBAR'S GIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 2 - 3-37 gr & Elichola	Mule It nuvill Pakes	will soul
	an n	116



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESUDENCE (HOME) OF DECLASED COUNTY STATE Imore MARYLAND CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY give nearest town this place) TOWN TOWN MA HOSPITAL OR INSTITUTION OR STREET (If ru al give location ADDRESS STREET ADDRESS 3. NAME OF (First) Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED reese TATON (Type or Print) DEATH 195 6. GOLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last birthday | If under I year If under 24 hrs. WIDOWED, DIVORCED, Months | Days Hours | Min. 7 - 21 - 72(Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRYS Sullivan, Ill. aconer farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John B. Reese Martha Ellen Milev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of Mrs. Bernadine M. Reese 235 Burke Ave., Towson 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATE Immediate cause Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause atating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? INJURY OCCURRED While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🗔, Inspection 🗷, Inquiry 🕒 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural causes occident , suicide , homicide , undetermined . SIGNATURE (Degree or title) DATE SIGNED NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF LOCATION (City, town, or county) 10 - 51 Druid Ridge Pikesville. REGISTRAR'S SIGNATURE DATE REC'D, BY LOCAL 24. FUNERAL DIRECTOR ADDRESS a.w. John. O. Mitchell & Søns, Inc .- 1900 Eutaw Place The

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dan	Diet	No	

ed.	CERTIFICA	TE OF DEATH	Reg. Dist. No	
nould carefully be supplied.	1. PLACE OF DEATH: County City or town (If outside city of town limits, write RURAL NEAR and give town) Street address, hospital, or legithulion: Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) 3. (a) FULL NAME	City or town (If surface city or town limits	mother) Unity Lica Wa Water the RURAL NEAR and give ADMONIAL LOCATION)	2 V
y item of information should carefully the causes of death clearly and legibly.	4. Sex 7 5. Color or race 6.(a) Suffie. married, widowed, or divorced W walking 6 (b) Name of husband or wife - Helliams Lehling - years	20. DATE OF DEATH 2-14 21. I CERTIFY that death occurred on the date abo		9:15- , et 9-M
Ever	7. Birth date of deceased (mo., day, yr.) July 31 - 1863 8. AGE: Years Months Days It less than one day 8. Birthplace Reckness Ua (Town, county and state) 10. Usual occupation A June 19.	Immediate cause of death Arterias decorric Vascus fac Disca	andia-	DURATION 5 yes
WITH UNFADING INK.	11. Industry or business 12. Name—Carl IV. Thilaw 13. Birthplace 14. Maiden name— 15. Birthplace 16. Informan Mus. Losalie U.R. Framer	Other conditions (Include pregnancy within 8: Major findings: Df operations 93	months of death)	PHYSICIAN Please underline the cause to which death should be charged statis!
BASE WRITE PLAINLY, WITH I correct age is especially important.	Address /680 York (we 7.4. L. 17. Deutsal Date thereof 2-16, 1951 (Burial, crematory, or removed. Which?) Cemetery or crematory Location Achievement January 18. Funeral director January Address 5305 Honford Rd -14	Of autopsy 22. VIOLENCE: If death was due to external can Accident, suicide, or homicide Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (Means of Injury)	uses, fill in the following; Date of (County) (where?) Injured at work?	(State)
PL	19. (Date rould by recreators)	e Cl	St / M. D. c	or other

The same of the sa correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATI COUNTY	ALTIMORE		2. USUAL RESIDENCE (I	COINT	Y
CIMY (If	Wester DUD	MARYLAND AL and LENGTH OF STAY	Harylar	ate limits, write RURAL and gi	
OR give nearest TOWN	town Deltimore	(in this place)	OP -	pore -R	ve nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	ss ARMACOST NI	IRSING HOME	STREET 29 7 A	OF AVENUE	/
3. NAME OF DECEASED (Type or Print)	(First) HATTIE	(Middle)	(Last) REIFNER	4. DATE (Month) OF DEATH Feb	(Day) (Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	s. DATE OF BIRTH	9. AGE last birthday If under	
dong during most of w	ATION (Give kind of work rorking life, even if retired)	10b. Kind of Business on Industry Pub. schools	Baltimore,	r foreign country) 1	2. CITIZEN OF WHAT
Henry Re			Catherine Li	NAME	
	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)		Mr. Henry Do	ADDRESS 201 Steller, Jr.	outhway -18
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
		General arter	ringelernsis		
Immediate	e cause (a)	GOIDI AI AI GO	. 10001010010	***************************************	
	nt cause(s)				
Diseases or	conditions, if any, (b)			######################################	
atating the u	nderlying cause last				
THE OWNER WALLEN	(c)				
Conditions contribu	CANT CONDITIONS iting to the death but not se or condition causing deat	h.			TAY
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes D No B
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office hldg., etc.) JRY	(CITY OR T	(COUNTY	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR	
		e deceased from Sept.	11, 19.50, to Feb. 1	5, 1951., that I last	saw the deceased
alive on Feb	14 , 19.51, an	d that death occurred at	ADDRESS from the	causes and on the date s	tated above. DATE SIGNED
1	wy Schui	ly	701 N. Kenwo		eb. 16, 195
23. BURIAL, CREM REMOVAL (Spec	2/17/51	Woodlawn G	emetery	Baltimore, Md.	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R & SONS, INQ.	ADDRESS
	>	9 / 00000	DALIU., 1),	MD Deery 1	sander

I. PLACE OF DEATH. COUNTY

HOSPITAL OR INSTITUTION OR

STREET ADDRESS

TOWN

3. NAME OF

5. SEX

DECEASED

MALE

(Type or Print)

NO

21. ACCIDENT SUICIDE

INJURY

HOMICIDE TIME (Month)

give nearest town)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service) NoNE

Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

(Specify)

(Day) (Year)

MORE

6. COLOR OR RACE

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

19a, DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

INJURY

(Hour)

GEWATER

ICHARd

CITY (If outside corporate limits, write RURAL and

PLAINLY, WITH U WRITE ASE PLE/ VS.

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND

(Middle)

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INDUSTRY

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7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIES

10b. KIND OF BUSINESS OR

16. SOCIAL SECURITY No.

213-09-3476

PLACE (Home, farm, factory, street, OF office bldg., etc.)

INJURY OCCURRED

Not While

At work

While at

Work

18. MEDICAL CERT

LENGTH OF STAY this place)

2411 N. Charjes Street, Baltimore

CERTIFICATE OF DEATH

STATE ARVLA		COUNT	Y	
CITY (If outside corpor		LIBAL and m	TIMOR	
OR TOWN ES	SEXA	VER	AS HOWLESS IN	W LL J
STREET	(If rural give	re location)		
ADDRESS 4 Edg	EWATER	TERI	PACE.	
(Last)	4. DATE OF	(Month)	(Day)	(Year)
rdson	DEATH	KEb.	27,	195
DATE OF BIRTH	9. AGE iast birth	day If unde Month	Days Ho	inder 24 hrs urs Min.
1. BIRTHPLACE (State	64		2. CITIZEN	OR WHAT
MARULAV	1		COUNTRY)
4. MOTHER'S MAIDEN			-1 0.71	
MINNIE 1	YILLER)		
7. INFORMANT		,		
les Herdenick	A RICHARd	Sale &	-55	5X
FICATION	THE THE	304	1	ग्पर्व
				BETWEEN NU DEATH
. 1 61.	len			
ena of help				
			1	
			-	
			20. AUT	OPSY?
(OVERV OR	monny.	(0.01111001		No 🗆
(CITY OR	TOWN)	(COUNTY) (STA	ATE)
HOW DID INJURY OC	CUR?			

Reg. Dist. No.

22. I hereby certify that I attended the deceased from ______, 190, to ______, 195/..., that I last saw the deceased

195 , and that death occurred at from the causes and on the date stated above. alive on....2 (Degree or title) DATE SIGNED

myoro 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) 5

24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1325

I. PLACE OF DEAT COUNTY	н.		2. USUAL RESIDENCE (H	OME) OF DECEASED.	
Baltimore MARYLAND			STATE Marylar	id coun	Titimore
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY			CITY (If outside corporat	ta limits, write RURAL and	giva nearest town)
OR giva oaares	Phoenix	(in this place)	TOWN Phoe		-
HOSPITAL OR	1 HOCHEN		STREET	(If rural, giva location)	
INSTITUTION O	R Dulaney Val	ller Road	ADDDECC	aney Valley Road	
STREET ADDRE					u
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Typa or Print)	GEORGE	CLARENCE	RISHER	DEATH Februa:	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If uod	ler I year If uodar 24 hrs.
male	white	WIDOWED, DIVORCED, (Specify) Single	Dec. 4. 1950	yrs. Mone	hs Days Hours Mio.
10a. USUAL OCCUP	ATJON (Give kind of work	10b. KINO OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT
done during most of	working life, even if retired)	INDUSTRY AT HOME	MALY JAM	1 - Harld . (a)	COUNTRY? //CA
13. FATHER'S NAM	(E	/// //////	1 14. MOTHER'S MAIDEN		UUN
	Charles Edmond F	of cham			
		1 16. SOCIAL SECURITY NO.	Dorothy Pearl	prore	
(Yes, oo, or unknown)	(If yes, give war or dates o	1 SOCIAL SECURITY NO.		. (0)	
	leervice)		Charles E. Ris	sher (father)	
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
					Origina Mile Denta
Immedia	(a) 01	titis media, left	ear		
2117	(=,				0-0-00 00 00 00 00 00 00 00 00 00 00 00
	nt cause(s)				
	conditions, If any, (b)	**************************************	***************************************	0000 - 000000000 01 0000000000000000 00 - 00000000	1 v + + + 1 + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	underlying cause last				
	(e)				
	CANT CONDITIONS				1
Conditions contrib	uting to the death but not	. Aspiration of vo	mitus		
19a. DATE OF OPE	CRATION 19b. MAJOR F	INDINGS OF OPERATION	THE GUB		1 20. AUTOPSY?
21. EXTERNAL CA	TICE WAS I DI AA	CE (Hama tank testam at and	(CITY OR T	OWN (COTTAGE	Yes No
PRIMARY OR CO	ONTRIBUTING X OF	CE (Home, farm, factory, street, office hldg., etc.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,
CAUSE OF DEAT	H. INJU	RY home	Dulaney Valley	Rd. Phoenix, B	eltimore. Md.
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY OCC	UR?	
INJURY Feb.	2.1951 4 a.m.	work at work X	Apparently reg	ritated formula	and choked
22. I certify that I	took charge of the remai	ins described above, held an A	utopsy 2, Inspection ,	Inquiry thereon an	d from the evidence
obtained by 821	id Autopsy, Inspection or	Inquiry, find that said dece	ased died on the dry stated	above, and death in m	y opinion resulted
SIGNATURE	i causes ki, acciaent	, suicide [], homicide [], (Degree or title)	ADDRESS		DATE SIGNED
SIGNATURE	~ A	(Degree of title)	ADDRESS		DATE SIGNED
148	tisken.	M.D. 700	Fleet St., Balti	more 2 Md F	eb. 2, 1951
23. BURIAL, CREM	ATION DATE THEREO	F I NAME OF CEMETE	RY OR CREMATORY LO	OCATION (City, town, or co	
REMOYAL (Spec	city) 66. 61	961 Punchant Hi	11 Cometory	Tauren AA	/
UVILIAL	LOCAL REGISTRAR'S	SIGNATURE SIGNATURE	24. FUNERAL DIRECTOR	10WS011,1V10	ADDRESS
REG.	LOCAL REGISTRARS	. 4/ -	24. FUNERAL DIRECTOR	Same T.	ADDRESS
2/6	151 4.0	, promon	JOHN DUPUS	JUNS, 10WS	m, Ma.
11		JT /			
104040	246 405	V . V			

Jo.1166

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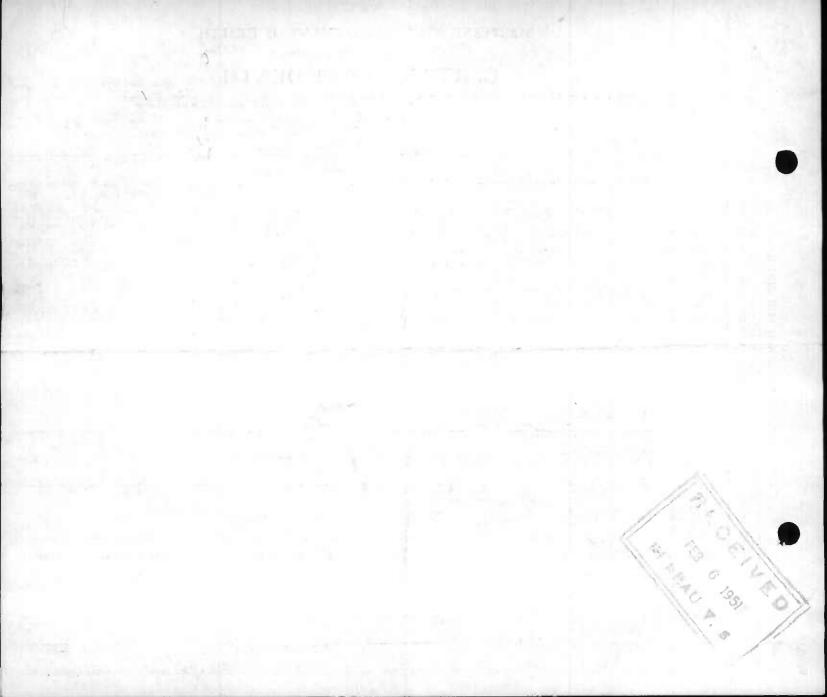
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEA'	TH. Boldo	MARYLAND	2. USUAL RESIDENCE (I STATE Maryl		Whore
OR give pegrest town) - 1 - 222 CITY (If outside OR (in chia place) OR			II OP	ate limits, write RURAL erstown	and give nearest town)
HOSPITAL OR INSTITUTION STREET ADDR	OR Venever	Road	STREET Hano	(If rural give locative Road	tion)
8. NAME OF DECEASED (Type or Print)	(First) ANNA	(Middle) MARIE	(Last) ROLF	4. DATE (Monsoff DEATH FEBRUA	, , , , , , , , , , , , , , , , , , , ,
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specifylia III EU	June 13,188	9. AGE last birthday 1 65 yrs.	f under 1 year If under 24 hrs Months Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired HOUSEWII	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore	City	12. CITIZEN OF WHAT
	Redding		Mary Schur	name nan	
15. WAS DECRASED (Yes, no. or unknown	Ever In U.S. Armed Forces (If yes, give \ y \ z \ p \ dates \ a \ aervice)	17 16. SOCIAL SECURITY NO.	Mrs.Hilton	Jacobson, Re	isterstown, Md
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR	CONDITIONS DIRECTLY				ONSET AND DEATH
Immedi	ate cause (a)	CORONARY THROME	WS/S	***************************************	4 MRS.
Diseases o	ent cause(s) r conditions, if any, (b)	ARTERIOSCLEROTIC	C.V. DISEASE		10 YES.
stating the	to the above cause e underlying cause last (c)				
Conditions contri	FICANT CONDITIONS buting to the death hut not ease or condition causing deat	h. DIABLETES M	ELLITUS		104R5.
19a. DATE OF OP	ERATION 19b. MAJOR 1	FINDINGS OF OPERATION			Yes No 2
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA		(CITY OR 7		UNTY) (STATE)
TIME (Month OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby ce	rtify that I attended th	e deceased from Mey	, 19.50 , to F.S.	2, 19.5/, that I	last saw the deceased
alive on		d that death occurred at	ADDRESS from the	causes and on the d	ate stated above. DATE SIGNED
M	artin E. Stroe	ly M.D.	Reiston or	on ond.	2/2/5/
23. BURIAL, CRE REMOVAL (Sp DUIT 21	Feb.5,1	951 New Cathe:	rdal	COCATION (City, town, or Baltimore C	ity
DATE REC'D BY		B. E. Liva.	J.F.Eline &		ADDRESS
					1 4400



2411 N. Charles Street, Baltimore

Wm. Cook, The. Saint Paul & Preston Sts.

Baltimore, Maryland

CERTIFICATE OF DEATH

Reg. Dist. No..... I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Baltimore MARYLAND Maryland CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) give nearest town Fort Howard OR 106 days Baltimore County TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR Vet.Adm. Hosp., Ft. Howard, Md. ADDRESS 1 S. Crook Road - Box 391 STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED JOHN W. ROZIER February 6 19 51 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single 6. COLOR OR RACE S. DATE OF BIRTH 9. AGE last hirthday | If under | year | If under 24 hrs | Kours | Months | Days | Hours | Min. White 2-17-94 Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY? USA INDUSTRY Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nelson Rozier Mary Alberts 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Il yes, give war or dates of service) Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md. Unknown 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH ATELECTASIS, RIGHT LUNG UNKNOWN Immediate cause DILATATION AND HYPERTROPHY RIGHT VENTRICLE AND UNKNOWN Antecedent cause(s) AURICLE Diseases or conditions, if any, XXX giving rise to the above cause stating the underlying cause last None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY! Yes DI No O PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR! While at Not While INJURY Work At work | 22. I hereby certify that Wattended the deceased from Oct. 23, 1950, to Feb. 6, 1951, Wat XXX and XXX (Degree or title) DATE SIGNED PAUL PADGET, M. D., CHEF. MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREO! NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Oak Lawn Cemetery Baltimore, Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. EPHORAL PLANITORY



PLAINLY, is especially i

WRITE

PLEASE

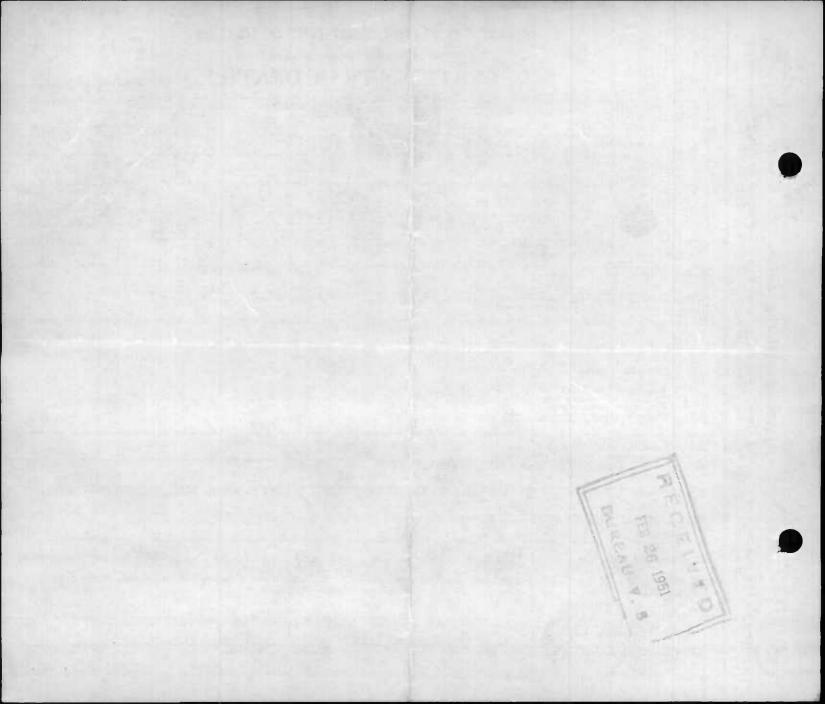
REG.

2411 N. Charles Street, Baltimore

1331

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Baltimore MARYLAND	STATE Maryland Baltimore
Dalotmore	CITY (If outside corporate limits, write RURAL and give nearest town)
CITY (If outside corporate limits, write RURAL and OR give nearest town) Catonsville (1.5 yrs.)	TOWN Catonsville
HOSPITAL OR	STREET (/ (If rural, give location)
INSTITUTION OR STREET ADDRESS House in the Pines	ADDRESS '4 Wade date Scent Home
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) GEORGE FREDERICK	RUOFF DEATH Feb. 21st., 19 51
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
Male White WIDOWED, DIVORCED, (Specify) Widower	6/13/1860 90 yrs. Months Days Hours Min.
10- TISTIAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY Jewler Owned store	New York Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Ruoff	Margaret Hetzner
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Brooks Lipscomb Catonsville, Md.
18. MEDICAL CE	
	INTERVAL BETWEEN ONSET AND DEATE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Immediate cause (a) Chibles Wen	norrhage Iday
260 X Antecedent cause(s) Portalin-110 ne	well Verence The Redenin 3 year
Diseases or conditions, if any, (b)	alle deserve Cogy rolling of the
giving rise to the above cause stating the underlying cause last	
(c) Ilialutes mell	itus 11 gier
IL OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
INJURY III. I WORE III.	160 -1 - 01
22. I hereby certify that I attended the deceased from	, 1948, to 24, 1951, that I last saw the deceased
alive on 2/30 , 1957, and that death occurred at /	2.50 Am., from the causes and on the date stated above.
SIGNATURE, (Degree or title)	ADDRESS DATE SIGNED
En - 1 1 1 1 - 2 1 2 2 2 2 2 2 2 2 2 2 2 2	, ,
Cliet W. Kylluson Max 3	432 Fredich aux 7/23/51
23 RURIAL CREMATION DATE THEREOF NAME OF CEMETE	(432 Friel O4 aug 725/S/ RY OR CREMATORY LOCATION (City, town, or county) (State)
23 RURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State) RY OR CREMATORY LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 2/23/51 Loudon Par DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	RY OR CREMATORY LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 2/23/51 Loudon Par	RY OR CREMATORY LOCATION (City, town, or county) (State) RY OR CREMATORY LOCATION (City, town, or county) (State)



age

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1332

Reg. Dist. No.....

COUNTY GALLS MARYLAND	2. USUAL RESIDENCE (HOME	E) OF DECEASED. COUNT	* Bolton
CITY (If outside corporate limits, weite RURAL and OR give neares (one) (in this place)	CITY (If outside corporate lin	nits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Saver	DATE (Month) OF DEATH	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify)	Dec 3 1883	byrs. Months	Days Hours Min.
10m. USUAL OCCUPATION (Give kind of work done during most of vorking life, even life retired) 13. RATHER SWAME	11. BIRTIPLACE (State or fore		2. CITIZEN OF WHAT
Jacoh daver	Mary	"?	·
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no. or rinknown) (If yes, give war or dates of service)	Natida Daus	ch 3112 B	iddlest
IR. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION BISTER)	1 - 1 1	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) 3rd Degru De	uns Upper /	3 G body	****
Antecedent cause(s) Diseases or conditions, if any, (b)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		######################################	*** *** *** *** **** *****************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
		1	Yes No D
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office high, step for CAUSE OF DEATH.	Michigan Town	vi Jalo	4 MI
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while at work	How did injury occur	Come .	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated ab-	equiry Thereon and ove, and death in my	from the evidence opinion resulted
from: natural causes , accident , suicide , homicide , siGNATURE (Degree or title)	undelermined □. ADDRESS	20 4	DATE SIGNED
23. BUBIAL, CREMATION DATE THEREOF NAME OF CEMETE	MY OR CREMATORY LOCA	TION (Class town or con	nty) (State)
REMOVAL (Specify) Feb 13-51 HOLV	Redsemer B.	eloir to	Balto Mg
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2/13/5/ BW / FEDRULE	24. NUNERAL DIRECTOR BAO	1800 E. L.	in 6 cr/St
Don	al	9701	VV

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

1333

Reg. Dist_No....

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limited write RURAL and LENGTH OF STAY	CITY (If oytside corporate limits, write RURAL and give nearest town)
CITY (If outside corporate limits write RURAL and OR give nearest town (in this place)	OR TOWN Daltimere
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS 9834 Harrord Rd.	9834 Harrord Lood
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	Jaurin DEATH Let. 19 1951
5. SBX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last bixhday If under I year If under 24 hrs.
Jemale White positioned	une 13-1889 61 yrs. Months Days Hours Min.
doa. USUAL OCCUPATION (Givo kind of work done during most of working life, even if retired) INDUSTRY	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even it retired) INDUSTRY	Baltimore Md COUNTRY?
13. FATHER'S NAME	M. MOTHER'S MAIDEN NAME
2	7.
15. Was Decrased Ever In U.S. Armed Forces? (Yee, no, or unknown) (If yee, give war or dates of service)	Mrs. Mary & Maris 9834 Km Val
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES ON CONDITIONS DIRECTLY DEADING TO PEATE	ONSET AND DEATH
Immediate cause (a) Greene	D 9840.
Antecedent cause(s)	
Diseases or conditions, if any, (b)	Whenever C. V. Distance C & Jean
1310 giving rise to the above cause stating the underlying cause last	"I decongensous
(c) reproduce	roses 2 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributiog to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗷
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office hidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
	G BAIC CI
22. I hereby certify that I attended the deceased from the	1990, to 7, 22, 1991, that I last saw the deceased
alive on Jel- 19, 1951, and that death occurred at	10 P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
D5 (1-1 Duma 11 7)	72.11 11. 1000 1 Bat 11 7 92/20/
C.G. YOWTAXYMD.	0204 Novores 424 Dello 14, led.
23. BURIAL CREATATION DAVE THEREOF NAME OF CEMETER	RY OR GREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTORY ADDRESS O
REG. 2/23/57 G Q Dedux	Leonard Luck 5305 Handord ld
J /	

DR. GONZAlez

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY timore		
CITY (If outside corporate limits, write RUR OR give nearest town) Mills		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OWINGS Mills		
HOSPITAL OR INSTITUTION OR STREET ADDRESS OWING S Mi	lls Md.	STREET (If rural give location) ADDRESS Plesent Hill & Reisterstown		
3. NAME OF (First) DECEASED (Type or Print) Lillian T. Se	(Middle) chneider	(Last) 4. DATE (Month) OF DEATH 2/1/51	(Day) (Year)	
F 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If und 9/30/1880 70 yrs. Month	er 1 year If under 24 hrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOME	Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA	
Martin Quinn		14. MOTHER'S MAIDEN NAME		
15. Was Deceased Ever In U.S. Armed Forces (Yes, no, or unknown) (If yes, give war or dates service)	16. SOCIAL SECURITY NO.	Marie Bransfield Owings	Mills Md.	
4488	PULMONARY EDEN HYPERTENSIVE - AP	MA RTERIOSCLEROTIC CARDIO VASCULAR DI	ONSET AND DEATH 4 DAYS SEASE 6 YEARS	
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat				
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION		Yes No Z	
21. ACCIDENT (Specify) PLACE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR TOWN) (COUNTY		
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	3	
		4.00 A. m., from the causes and on the date s		
Martin E. Strobel		Reisterstoron, Md. 21	1/51	
23. BURÍAL, CREMATION DATE THERE REMOVAL (Specify) 2/3/51 DATE REC'D BY LOCAL REGISTRAR'S	New Cathe	RY OR CREMATORY LOCATION (City, town, or coundred Baltimore M	d.	
REG. 2/1/51 a. C.	1. Helich	John T. Stansbury 2700 Edm	ondson Ave	

The correct age

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY BOLEO . MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) (320nsri//e (in this place)	CITY (II outside corporate limits, write RURAL and give OR TOWN 130/80.	nearest town)
INSTITUTION OR Hood Nursing Home	STREET (If rural, give location) ADDRESS 5-N40. Frederick Ra	/ /
	DEATH / C/	(Day) (Year) 25- 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily)	1770 -/ 10/2 / July 18.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired INDUSTRY -	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME W. Ruch.	12. MOTHER'S MAIDEN NAME / h.	r. , .
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Alies Simming 53 & Patti	trederick elc st
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1-	2 071 1	ONBET AND DEATH
Immediate cause (a) Dryruer a la	VZ - 0 - 0 -	ZWKZ
Antecedent cause(s) Diseases or conditions, if any, (b)	- 8/ L'. Egz	23/22
55 giving rise to the above cause stating the underlying cause last (c)	0	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., otc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY OCCURRED Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-12	, 1950, to Z-25, 1950, that I last sa	w the deceased
alive on 25, 195, and that death occurred at	ADDRESS from the causes and on the date sta	ted above.
James Forfaceral	Laloue man	2-27
Crematin 2/27/5/ Greenm		(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2-7-51 REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE	W= Crah Inc. 1217 St	and of

VS. A15

The correct

Evidence for change

MARYLAND STATE DEPARTMENT OF HEALTH

122.

in 8 shown on	:	2411 N. Charles	Street, Baltimore		1007
FILM No. G	130 FEB 191	CERTIFICAT	E OF DEAT	H Reg.	Dist. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (H	OME) OF DECEAS	
COUNTY Balt		MARYLAND	STATE Md.		COUNTYBaltimore
CITY (If outside cor OR give nearest t TOWN TOWSO	porate limits, write RURA (own)	AL and LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN TOWSON	te limits, write RUR.	AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	204.5	Rd.	STREET ADDRESS 624 Sus	(If rural, give I	ocation)
3. NAME OF	(First)	(Middle)	(Last)		onth) (Day) (Year)
DECEASED (Type or Print)	THOMAS	В.	SCOTT	OF	eb. 8, 1951 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	Sept. 17, 1885	9. AGE last hirthday	If under 1 year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPA	White TION (Give kind of work)	(Specify) married 10b. Kind of Business of	11. BIRTHPLACE (State or	~ - yim.	12. CITIZEN OF WHAT
done during most of wo Operation Mg	rking life, even if retired)	Industry Oil	Maryland		COUNTRY
			14. MÖTHER'S MAIDEN		
Patrick Scot	ER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	Elizabeth Hyla		
(Yes, no, or unknown)	(If yes, give war or dates o ervice)	d Social Seconti No.	Mrs. Madeline		624 Steen Rd.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CON	DITIONS DIRECTLY	LEADING TO DEATH	1		INTERVAL BETWEEN ONSET AND DEATH
		1)	4-1	11	Olds. All Davis
420,1 Immediate	cause (a)	1 weens	19 Mortes C	melle	per 12 April
Antecedent	cause(s)		7/	1 0	1-1
Diseases or co	nditions, if any, (b)	Colona	y mon	Jaco	4 90
stating the un	derlying cause last		1		
	(e)				
11. OTHER SIGNIFIC Conditions contribut	ANT CONDITIONS ing to the death hut not or condition causing deat	h.			
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (C	COUNTY) (STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
		deceased from 2/7	, 19.51, to 2/	8., 19.5/, that	I last saw the deceased
alive on	8., 19.5./, and	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the	date stated above. DATE SIGNED
Mha	dest on	Jounell me	Do 7501	Jack G	1 James 18/5
25. BURIAL, CREMA REMOVAL (Specify BURIAL)	TION DATE THEREO	Name of Cemete New Cathe		CATION (City, tow	n, or county) (State)
DATE REC'D BY LO		SIGNATURE	24. FUNERAL DESECTOR	Balto. Md.	() ADDRESS OAA
A ADEC II-	1951 K.W.		IVm. Vie	lever & So	us = balto, M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

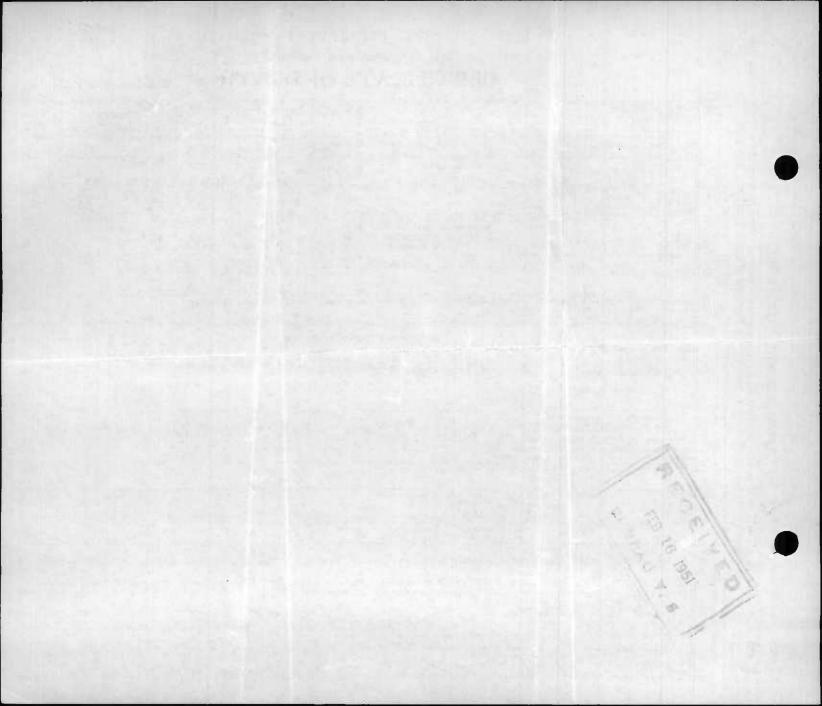
CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Baltimere MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Baltimere
CITY (If outside corporate limits, write RURAL and OR give nearest town) Towson LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN TOWSON	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1625 E. Joppa Road	STREET (If rural, give location) ADDRESS 1625 E. Joppa Road	
3. NAME OF (First) (Middle) DECEASED (Type or Print) WALTER STRAUGHN SHUI		(Day) (Year) 1951 19
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Walrie	8. DATE OF BIRTH 9. AGE last birthday If under Months. 42 yrs.	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Carpenter	11. BIRTHPLACE (State or foreign country) Maryland	COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Granville S. Shue	Cera Belle Pattersen	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of service) None 217-03-5820	Mrs. Evelyn B. Shue, Tewsen, Mar	yland
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmon	y edensa	1 × 6× 50 0 0 0 0 0 0 0 × 000000 0000000000
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	tis heart beside	AD DO DO DO DO DO DADA A GIANO PROBLEM DE DA SER A LA TRA
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		0100 01 01 0000000000000000000000000000
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE SUICIDE HOMICIDE HOMICIDE (Specify) OF office hidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED White at Not White INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
alive on, 195, and that death occurred at (Degree or title)	ADDRESS	DATE SIGNED
	5-13 Foch Rosen Blog Tou	on and
REMOVAL (Specify) Feb. 7.1951 Mereland Mem	ery or crematory Location (City, town, or count; erial Park Parkville, Marylan	d
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2 6 51 4 Pellich	Jehn Burns' Sens, Tewsen, Maryla	ADDRESS
JT V	51	10.246

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

CERTIFICAT	TE OF DEATH Reg. Dist. No.	0.40
1. PLACE OF DEATH- COUNTY Baito MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	13a1TO
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HOSPITAL OR INSTITUTION OR LENGTH OF STAY (in this place) 70.475	OR TOWN BAITO. CO STREET ADDRESS (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) Junichi (Month)	(Day) (Year)
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Vido WED	8. DATE OF BIRTH 9. AGE last birthday If under Months.	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) Larban 127	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Louis. Sisson 15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Willie Wabb	
(Yes, no, or unknown) (If year, give war or dates of NO NO	17. INFORMANT AND ADDRESS MYS. W Mohn Sunshine Aveilipp	erFalls
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcina v /8/ × Antecedent cause(s)	7 Hodden or prostate	lys.
	enotic hypertensini hand auso	4 Signs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
	1957, to 2-10, 195/, that I last s	
alive on, 19, and that death occurred at (Degree or title)	ADDRESS m., from the causes and on the date st	dated above. DATE SIGNED
23. BURIAL, CREMATION DATE NAME OF CEMET	ESCLUSION MAN ERY OR CREMATORY LOCATION (City, town, or coun	2-(/-5') (ty) (State)
DATE REC'D, BY LOCAL PROGRETRAR'S SIGNATURE REC'D, BY LOCAL PROGRETRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
= July stown million	Lassolan James Home 1481 Dela	1024 p



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (COVE	TV
Ba.	ltimore	MARYLAND	Maryla	110	
OR give nearest	town)	AL and LENGTH OF STAY (in this place) 118 days	OK_	rate limits, write RURAL and	give nearest town)
HOSPITAL OR	ct Howard	1 Ilo days	TOWN Baltim	ore	
TAICULATION OF	s Veterans Admi	inistration Hosp.	ADDRESS 2728 E1	di rural, give location) Licott Driveway	V
3. NAME OF DECEASED (Type or Print)	(First) OT IS	(Middle) F. S	(Last) MA LL	4. DATE (Month) OF DEATH Februar	(Day) (Year) y 23 19 51
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) Married	s. DATE OF BIRTH 9/27/11	9. AGE last birthday If und	ar I year If under 24 hrs.
	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Steel plant	Baltimore, Md	or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAM	E .		14. MOTHER'S MAIDEN	NAME	0012
Joseph Fra	inklin Small		Mary McKay		
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 212-11-8389	17. INFORMANT AND	ADDRESS et.Adm.Hosp.,Ft.	Howard Md
100	inet vice) WWIII	18. MEDICAL CE		CONTAINE HODDE ST. O.	Howar a, ma.
I DISPASES OF CO	NDITIONS DIRECTLY		WIII ICALION		INTERVAL BETWEEN
I. DISEASES OR CO.	ADITIONS DIRECTLE	LEADING TO DEATH			ONSET AND DEATE
162 × Immediate	cause (a)	BRONCHOGENIC CAR	CINOMA:		2 yrs. plus
Anteceden Diseases or e giving rise to	t cause(s) onditions, if any, (b) the above cause inderlying cause last	DIFFUSE WIDESPRE	AD METASTASES	***************************************	Unknown
	, (e)				
		INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR 1	rown) (Count	Yes No O
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
	VA				
22. I hereby certif	ly that Dattended the	deceased from Oct 28.	, 19.51., to Feb	23., 195.1, thoristance	Description of the state of the
stireconcococo	nanconcatibana, an	d that death occurred at 6	:10 a.m. from the	causes and on the date	stated shows
SIGNATURE	Treeman	(Degree or title)	ADDRESS	causes and on the date s	DATE SIGNED
TRV INC. DECEMBER	MAN. M.D. ACT	. CHIEF. MEDICAL S	SERVICE, VET. A	DM. HOSP.FT.HOWAI	RD.MD 2/23/51
23. BURIAL, CREMA REMOVAL (Special		NAME OF CEMETE	RY OR CREMATORY	OCATION (City, town, or cou	nty) (State)
Burial DATE REC'D BY A	OCAL REGISTRAR'S	Jorraine Co	24 PRINCE L PRINCE	Raltimore, Md.	ADDRESS
REG. /26/	51 /Zu	Hadriel	Win Cook Funer	al Home, St. Paul	
-			Jan Door Latter	DATE	C 11 CD OOH DU

Evidence for change in 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

of undertaker. 2/21/51 jst.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH CHAINA C

Reg. Dist. No. 3.41

643846

difference of	A J U F F R I I I	5			
1. PLACE OF DEATH COUNTYBalt-o	d-	MARYLAND	2. USUAL RESIDENCE (H		COUNTY BALLA
CITY (If outside c OR give nearest TOWN Arm	orporate limits, write RUR. town) Agh Village	AL and LENGTH OF STAY (in this place)	OR Nantico	ke	
HOSPITAL OR INSTITUTION OF STREET ADDRE		yrone Rd.	STREET ADDRESS 84 Pros	(If rural, give loopect Street	eation)
3. NAME OF DECEASED (Type or Print)	(First) ABIJAH	(Middle) D.	(Last) SMITH	4. DATE (Mo. OF DEATH	nth) (Day) (Year) 6b. 8, 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W100W60	8. DATE OF BIRTH Feb. 22, 1871	9. AGE last birthday 79 20 yrs.	If under 1 year If under 24 hrs. Months. Days Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work corking life, even if retired)	10b. Kind of Business on Industry Laundry	11. BIRTHPLACE (State of Pennsylvania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		Smith	14. MOTHER'S MAIDEN Susan Har		MEETING!
SE WAS DESCRIPTION FO	VER IN U.S. ARMED FORCES (If year, give war or dates of aervice)	? 16. SOCIAL SECURITY No.	Mrs. Wm. R. Si	STAND READING	rmagh Village N. Tyrone Rd.
Immediat Anteceder Ha Diseases or giving rise t stating the u II. OTHER SIGNIFI Conditions contributed to the disease	conditions, if any, (b)	Coronary Heart	mbosis due to Diseaso - Aug	arterio-scle ina Pecto	onset and Death 48 hrs. 10 years +
19a. DATE OF OPE	RATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office hldg., etc.) JRY	(CITY OR T	OWN) (Co	OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
-	ify that I attended th			udada	l last saw the deceased

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

Church Hill, Maryland

CERTIFICATE OF DEATH

I. PLACE OF DEATH COUNTY	Baltimore		STATE	(HOME) OF DECEASED.	ry /
CITY (II outside co		MARYLAND AL and LENGTH OF STAY	Mary Mary	Land orate limits, write RURAL and g	1 8
OR give nearest	Fort Howard	AL and LENGTH OF STAY 5 (in this place) 5 Cays	II OR O	reville	ive nearest town)
TOWN HOSPITAL OR	Fort Howard	15 days	TOWN CENTI		
INSTITUTION OF STREET ADDRES	s Vet.Adm.Hos	Ft. Howard, Md.	ADDRESS Box 3	(If rural, give location)	\checkmark
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	RAYMOND	E.	SMITH	DEATH Februar	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIRTH	1 9. AGE last birthday If under	I vear III under 24 hrs
Male	Colored	WIDOWED, DIVORCED, (Specify) Married	10-29-88	62 yrs. Months	Days Hours Min.
done during most of W	TION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State	or foreign country)	2. CITIZEN OF WHAT
Furniture	orking life, even if retired) finisher	andoria:	Centreville		COUNTRY? USA
13. FATHER'S NAM			14. MOTHER'S MAIDE	N NAME	
Henry Smit	h		Sally Ann Ry	yan	
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	
Yes Yes	(If yes, give war or dates service) WW T	214-03-1458	Clin.Rec., Ve	et.Adm.Hosp.,Ft.Ho	oward, Md.
		18. MEDICAL CE	RTIFICATION		
I DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN
Dibbilobb on oo					ONBET AND DEATH
Immediate	cause (a)	LYMPHOSARCOMA			6 months
2001					The state of the s
giving rise to	onditions, if any, (b)		75 for		
stating the un	nderlying cause last				
	(c)				
	ting to the death but not e or condition causing deat	Arteriosclerot	ic Cardiovascul	lar disease	l year
19a. DATE OF OPER	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
	E STANS				Yes No 🌣
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	TOWN) (COUNTY	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?	
OF INJURY	m.	While at Not While Work At work			
22. I hereby certi	fy that Wattended the	e deceased from Feb. 6	, 19.51., to Feb	.11., 1951, MAXIOXIA	day the deceased
SIGNATURE)	wing Freeman	d that death occurred at (Degree or title)	5:30 Pem., from the	e causes and on the date s	tated above. DATE SIGNED
IRVING FREE	MIN, M. D., AC	CING CHIEF, MEDICA	L SERVICE. VAH.	FORT HOWARD, MD	2-12-51
23. BURIAL, CREMA REMOVAL (Speci	TION DATE THERE	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or coun	ity) (State)
		6/ Chesterfiel		Centreville, Mar	ryland
DATE REC'D BY I	OCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR	ADDRESS

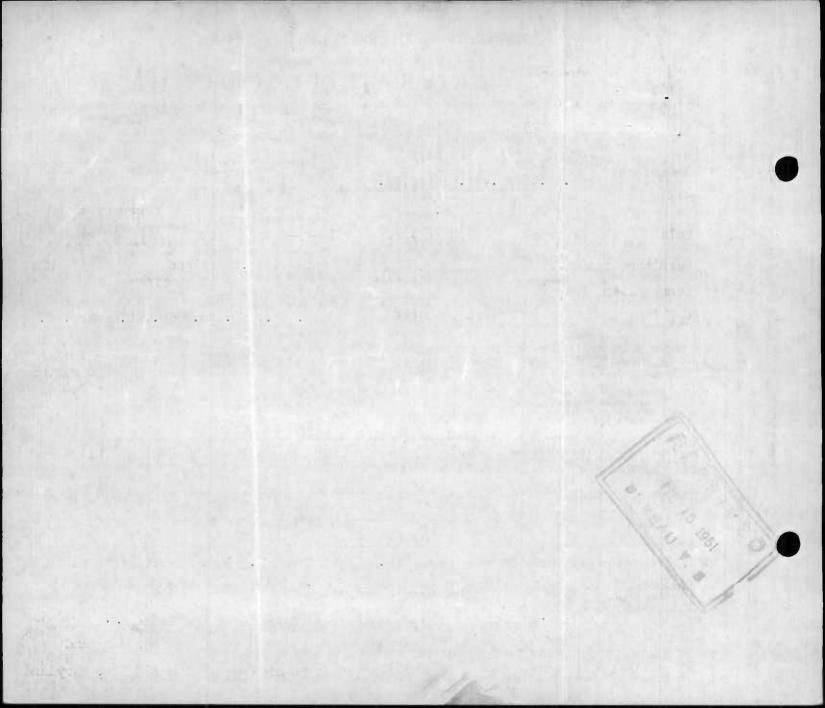
Lane Funeral Home

Supply every item of information carefully. write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

The correct age

VS. A15

PLEASE

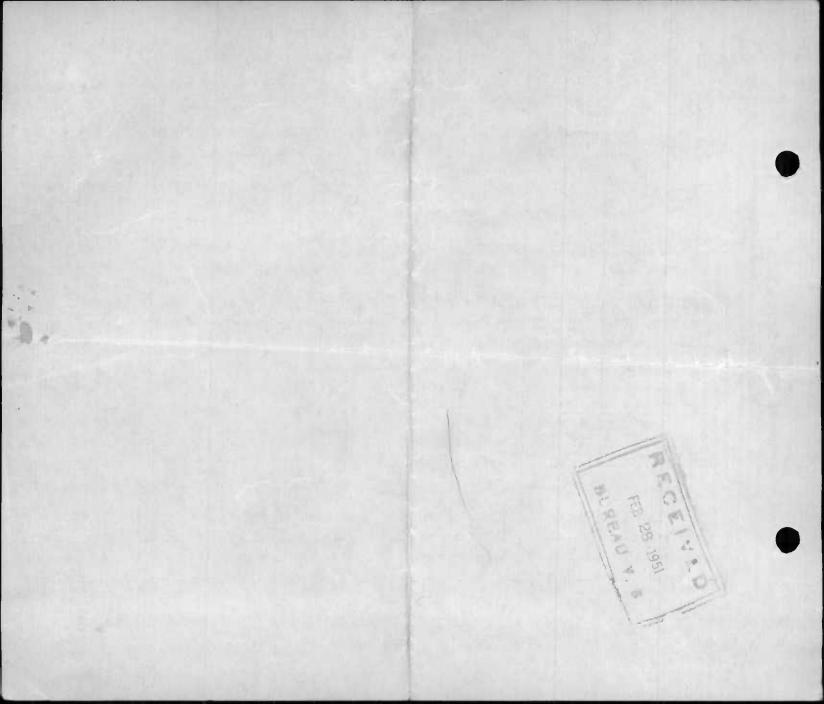


2411 N. Charles Street, Ballimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS intimittally life	STREET ADDRESS 1720 St. Faul 4	theet v
3. NAME OF DECRASED (First) Revendy Benson St	Carks 4. DATE (Month) OF DEATH File.	(Day) (Year) 24 195
5. SEX 6. COLOR OR RAGE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) dispared	8. DATE OF BIRTH 9. AGE last birthday II under Months.	1 year If under 24 hr Days Hours Min
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Busining or Hubbrid Industrial Automatical Control of Contr	11. BIRTHPLACE (State or foreign country) 1:	2. CITIZEN OF WHAT COUNTRY SA
In reduch L. Sharby.	14. MOTHER'S MAIDEN NAME LOWART	
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of 15-01-5493	RUMERAB Sparner Shar	ht. Ind.
IS. MEDICAL CEI	PTIPICATION	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	SHERATION	INTERVAL BETWEEN ONSET AND DEATH
·· Canonia and		Co. 1
Immediate cause (a) Commany acres	COUNTY -	J 130 1 19 .
Antecedent cause(s)		
14a Diseases or conditions, if any, (b) Change of conditions	nis	5 ms.
giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		**************************************
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7. 2. 2	0, 1951, to fel 24, 1951, that I last s	aw the deceased
alive on 743, 1951, and that death occurred at	2.2. 1.	
Ele abeth B. Shevill 1 M. U-	Cockegoville, Md.	2/24/51
23. BURIAL CREMATION DATE REMOVAL (Specific 2-27-51 REMOVAL (Specific 2-27-51 REMOVAL)	METHOCUS LOCATION (City, town, or coun	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. SUNERAL IMPECTOR	ADDRESS
THE STATE OF THE S	1	



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
county Baltimore MARYLAND	STATE Md. Baltin	lore
CITY (If outside corporate limits, write RURAL and Cin_this_place) OR give nearest town) TOWN US TONS VILLE CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in_this_place) Z5 Yrs.	CITY (If outside corporate limits, write RURAL and giv	
HOSPITAL OR	TOWN Catonsville STREET (If rural, give location)	
INSTITUTION OR TOVER BOOK Road STREET ADDRESS 7	ADDRESS 7 Overbrook Road	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type of Title)	olcknall DEATH F'8b.	15. 19 5]
5 SEY 6 COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs.
Male White WIDOWED, DIVORCED, (Specify) Married	PLC J 8 (6 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADDUSTRY Elec. Co.	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas S.Spicknall	Dorcas Ireland	As Officer of
	17. INFORMANT AND ADDRESS	
15. Was DECRASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If year, give war or dates of none	Mrs.AlidaL.Spicknall 7 Over	brook Rd
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Immediate cause	chefarction, acute	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) 94a Diseases or conditions, if any, (b) Gleneralized	arteroscherkis	17-712
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensin	unknown
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No G
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Way:		
alive on Fully, 1951, and that death occurred at SIGNATURE (Degree or title)	ADDRESS m., from the causes and on the date st	ated above. DATE SIGNED
Fly J. Gare M.D. Mall	four fill ave; Balling and	2/16/51
PEMOVA((Specify)	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
Burial (Specify) 2-17-1951 Loudon Pa	rk Baltimore	Md.
DATE DEC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
#1/0/5/ NW. Heard	G. Howard Strong 3207 W. Nort	h Ave.,
- I I way		0.0

2411 N. Charles Street, Baltimore

1344

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) Lutherville (in this place)	ORY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
HOSPITAL OR INSTITUTION OR STREET ADDRESS North & Kurtz Aves.	STREET (If rural, give location) ADDRESS North & Kurtz Avenue
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Joseph D.	Stack, Sr. OF DEATH Feb. 11 151
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
Male White WIDOWED, DIVORCED (Specify) Widows	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	
Retired Contractor & Builder	14. MOTHER'S MAIDEN NAME
John Stack	Ellen Kelly
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS
(1 ea, no, or unknown) (11 year, 21 or war or dates or service)	Mrs. Elizabeth S. Carroll, Lutherville
I. DISEASES OR CONDITIONS DIRECTLY LEADING, TO DEATH Immediate cause (a) Heart during	CERTIFICATION Curanic Myocarthy 1044.
420. / Antecedent cause(s)	
Antecedent Cadacia)	marcular connected with the necessia 11 1444
Diseases or conditions, if any, (b) The above cause stating the underlying cause last	with the charge and with the
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	The remer confidence of the control of
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗹
21. ACCIDENT (Specify) PLACE (Home, farm, factory, streen of the bldg., etc.) SUICIDE OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sefe	1., 1948, to Fer II., 1951., that I last saw the deceased
alive on	ADDRESS DATE SIGNED
Joen Huram Ing.	10wan mg
23. BURIAL CREMATION DATE NAME OF CEMER REMOVAL (Specify) Physical 2/15/51 New Cathe	dral Baltimore, Md. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR CONSOS N. Delood : 16
200	290246

2411 N. Charles Street, Baltimore

		CERTIFICAT	E OF DEAT	TH Reg.	Dist. No	•	
I. PLACE OF DEAT COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (STATE Maryle		COUNTY		
CITY (If outside of OR give neares		AL and LENGTH OF STAY (in this place)	TOWN Essex			nearest tow	n)
HOSPITAL OR INSTITUTION O STREET ADDRE	R SS 1646 Easte	ern Ave.	STREET ADDRESS 1646	(If rural give loo Eastern Av			
	(First) Margaret J. :	(Middle) Steele	(Last)	OF DEATH	onth)	(Day)	(Year) 1951
5. SEX FeMale	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W100Wed	8. DATE OF BIRTH 11-8-1860	9. AGE last birthday 90 yrs.	If under Months	Days Hour	ier 24 hrs. Min.
10a. USUAL OCCUP done during most of HOLLS OW 13. FATHER'S NAM	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY at home	Maryland			CITIZEN OF	WHAT
Rich 15. Was DECEASED E	ver In U.S. Armed Forces		Mary Doy	rle			
(1es, no, or unknown)	service)	18. MEDICAL CE	Wm. W. Stee	le 1646 Eas	sterr	Ave,	Essex
Diseases or giving rises stating the stating the Ti. OTHER SIGNIF Conditions contrib	ent cause (s) conditions, if any, to the above cause underlying cause last (c) ICANT CONDITIONS uting to the death but not	atrio-plerati	i Undes-Yase	ula ficea		3.y.	
		h. FINDINGS OF OPERATION	ue			20. AUTO	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (C	OUNTY)	(STAT	-
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?			
22. I hereby ceralive on SIGNATURE SIGNATURE 23. BURIAL, CREM REMOVAL (Spe BUY 1 A 1 DATE REC'D BY REG.	19.51., an LA FUTULE LATION DATE THERE city) 2-3-195	1 New Cathed	ADDRESS Liston July RY OR CREMATORY I	causes and on the	date sta	ted above DATE SI LUG W) (S Md ADDRES	GNED State)
, /		22					

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1340

COUNTY Baltimore MARYLAND STATE Md.				NTY	
CITY (If outside corporat OR give nearest town) TOWN	e limits, write RUR.	AL and LENGTH OF STAY (in this place)		ate limits, write RURAL and	d give nearest town)
HOSPITAL OR	ev. A. Opit		STREET	(If rural, give location Belmar Avenue	1)
(L) po or Little)	(First) ALBERT		(Last) STEPANEK	4. DATE (Month) OF DEATH Febru	
male whi		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Mar. 26, 1873	9. AGE last birthday If un Mon yrs.	ths Days Hours Min.
10a. USUAL OCCUPATION done during most of working retired - tail	(Give kind of work life, even if retired)	10b. Kind of Business or Industry Dvorak Bros.	Czechoslovakia	r foreign country)	I2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Albert Step	panek	14. MOTHER'S MAIDEN	name unknown	
15. Was Decrased Ever In (Yes, no, or unknown) (If ye no	s, give war or dates	? 16. SOCIAL SECURITY NO.	Jos. M. Stepanel	c - son, above	
		18. MEDICAL CE	RTIFICATION		I
I. DISEASES OR CONDIT	IONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate caus	e (a)	CEREBRAL HEMO	RRHAGE, RECUF	RENT.	6 mos
Antecedent cau Diseases or conditing giving rise to the al stating the underlyi II. OTHER SIGNIFICANT Conditions contributing to related to the disease or con-	ons, if any, (b)	h.			
19a. DATE OF OPERATIO	N 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Sp. SUICIDE HOMICIDE	ecify) PLACOF	CE (Home, farm, factory, street, office hidg., etc.)	(CITY OR 7	OWN) (COUN	TY) (STATE)
TIME (Month) (Day) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify the	n - /-	deceased from 15			
SIGNATURE	19.3/ an	d that death occurred at	ADDRESS '	causes and on the date	e stated above. DATE SIGNED
25. BURIAL, CREMATION REMOVAL (Specify)	Feb. 5, 1	OF NAME OF CEMETE 951 Holy Redeeme		OCATION (City, town, or e 30 Belair Rd. E	(,
DATE REC'D BY LOCAL REG. 2/5/5/			24 SCHIMUNER FUN	eral Home, Inc.	ADDRESS
7 - 7 - 7 - 7		177	. 2001-7-7 11. 11		59084

CERTIFICATE OF DEATH

AN AA AA				U.	TILI	HIGHT	COL	DEA
M No.	G	151	MAR	6 1951	FOR	MEDICAL	EXAM	INERS

2 2 7 1 MAN 0 199	I FOR MEDICAL	DARMINERS	Keg.	Dist. No//
I. PLACE OF DEATH		2. USUAL RESIDENCE (H	OME) OF DECEASE	ED.
BALTIMORE	MARYLAND	N.D.		COUNTY BALTO.
CITY (If outside corporate limits, write RUR OR give nearest town) TOWN	(in this place)	OR	te limits, write RURA Y MANOR	L and give nearest town)
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural, give lo	
			RMAN HILL	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (M	onth) (Day) (Year)
(Type or Print) JOHN	EDWARD	STOCKUM	DEATH FEF	
Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WILOWED	May 22.1870	9. AGE last birthday	If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work	101 77	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT
done during most of working life, even if retired)	INDUSTRY Railroad	Marietts		COUNTRYTUSA
13. FATHER'S NAME				
John E. Stoc		Barba	ra (?)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES		17. INFORMANT		
(Yes, no No unknown) (If yes, give war or dates service)	° 705-10-9731	Edw. J. Stoc	kum, (So:	n)
	18. MEDICAL CE	RTIFICATION		1.
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	DARTERIO - Sch	erotic- CARd	10 - UASCUL	- AR
423 /Antecedent cause(s)	Disease			104
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last				
(c)	D) SeniLity			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat				
	FINDINGS OF OPERATION			20. AUTOPSY?
/	()			Yes No No
PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR T	OWN) (C	COUNTY) (STATE)
TIME (Month) (Day) Year (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OCC	CUR?	
22. I certify that I took charge of the remo- obtained by said Autopsy, Inspection of from: natural causes [], accident [] SIGNATURE	r Inquiry, find that said dece	ased died on the dry stated undetermined ADDRESS	dance, and death	in my opinion resulted DATE SIGNED A 19/5-
23. BURIAL, CREMATION DATE THERE REMOVAL (Specify) 2/21/5			OCATION (City, tow Columbia,	n, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S		track No Libert	Brodley	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

The correct age

75-1-77

533

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

in 21 shown on:

Evidence for additioMARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICA	TE OF	DEATH
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FILM No. G	15 CFEB 13	1951 FOR MEDICAL	EXAMINERS	R	Reg. Dist. No	99
COUNTY BA	TIMORE	MARYLAND	2. USUAL RESIDENCE STATE Maryland	(HOME) OF DEC	eased. County in	nore
TOWN S POR	town) Low S Poi	(In this place)	CITY (If outside corp. OR TOWN Sparre	orate limits, write R		earest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	SOLD NORTH	PT. Roy Wells A	STREET ADDRESS 3005 W	(If rural, g Vells Avenu	ive location) le	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month) (D	(Year)
(Type or Print) 5. SEX	GEORGE 6. COLOR OR RACE	WALTER	SUMMERS		ebruary 4,	1951
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Sev 14.1910		Months Da	ar If under 24 hrs. ys Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	CATAW 8	A.W.		O. S. WHAT
WILLIAM	1 0	MERS	FLORENCE	400	ISHEI	2
	VER IN U.S. ARMED FORCES (If yes, give war or dates	01	17. INFORMANT		s 3005 I	
	Iservice)	1/23-07-9629	MARY 17.0	UMMER	7 2002	BELLSIN
		18. MEDICAL CE	RTIFICATION		IN	TERVAL BETWEEN
I. DISEASES OF CO	ONDITIONS DIRECTLY	LEADING TO DEATH			O	NSET AND DEATH
Immediate	e cause (a)	Skull fracture				
9M 5	4(-)					
. Diseases nr c	conditions, If any, (b)	Subdural hemorrhag	ge		1700- 71000000010011011710 00 00 0	24 00 04-0030 00 000000000000000000000000
	o the above cause inderlying cause last					
Conditions contribu	CANT CONDITIONS sting to the death but not see or condition causing deat	th.			İ	
		FINDINGS OF OPERATION			20	. AUTOPSY1
		36				Yes X No 🗆
21. EXTERNAL CAPPRIMARY X OR CO		CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
CAUSE OF DEATH	i. Inj	URY Street	Old North Poi	nt Road & 1	Wells Ave.	
OF Feb.	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY O			
INJURY	Dam.	work at work	Fell down ste	eps while i	uroxicated	/51 ako)
obtained by said	d Autopsy, Inspection o	nins described above, held a <u>n A</u> r Inquiry, find that said dece], suicide [], homicide [],	used died on the day sta			
SIGNATURE	//	(Degree or title)	ADDRESS		I	DATE SIGNED
Wille	am / govil		Fleet St., Bal			5, 1951
BREMOVAL (Spec	ATION DATE THERE	7 OAK L	RY OR CREMATORY	E ASTER W	Beun Bi	(State)
DATE REC'D BY	LOCAL RIGIST AR'S	SIGNATURE (A)	24. FUNERAL DIRECT	TOR		DUNDRESS
	7		NTTELE !	- FILME	100145	TO BOOK K



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.



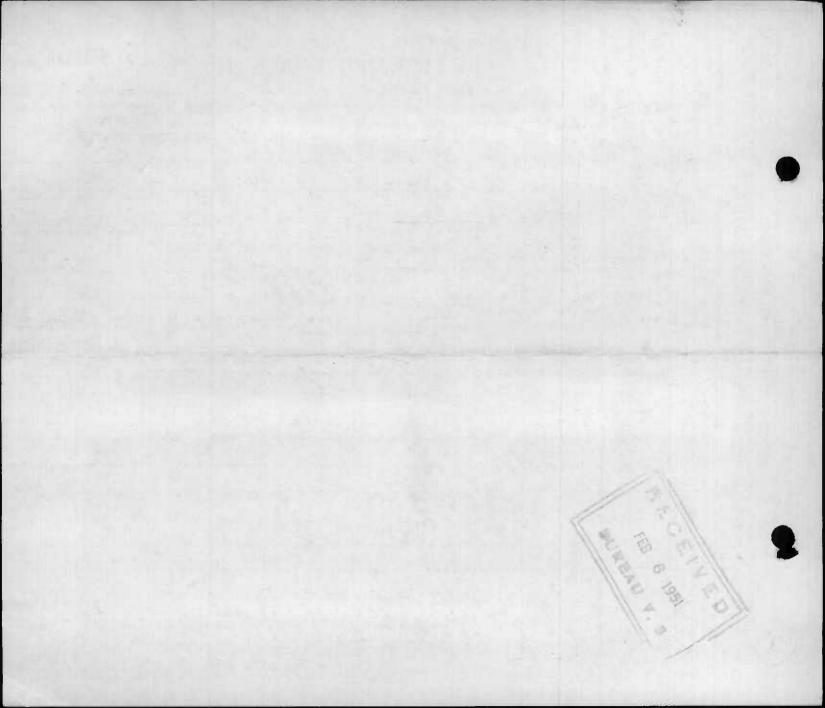
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1349 Reg. Dist. No. 30

290 24-6

1. PLACE OF DEATH B- OT	2. USUAL RESIDENCE (HOME) OF DECEASED-	CY.
MARYLAND MARYLAND	That	Jaco
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest lown) TOWN TOWN	CITY (If outside corporate limits, write RURAL and gi	ive nearest town)
	TOWN Calmande	
HOSPITAL OR	STREET (IL sy al give location)	1
STREET ADDRESS /942 Fores Lane	ADDRESS 1943 Torrers	dance
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED	OF 7	
5. SEX 6. COLOR OR RACE 7. ANOTE MARRIED	DEATH OF THE	3 195
WIDOWED, DIVORCED,	8. DATE OF BIRTH 3. Z -// 3. AGE last hirthday I funder 3. AGE last hirthday I funder 3. AGE last hirthday I funder	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	2 31.3	2. CITIZEN OF WHAT
done during most of arking life even if retired) larguster.	mel	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Louis C Malal	Kath- M.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	1 IZ INFORMANT	
(Yes, no, or unknown) i (If yes, give war or dates of	Mars Stars - Non and	pt We
no service)	your very a wanter	carry ma
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a)	cleane sergue	
533		
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause	**************************************	
stating the underlying cause last	F1.0 .	
(c)	Valetaria	
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
21 EVERDALAT CALIGRA WAS 111 AC 1/11	(CIMY OD MOVIN)	Yes No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) iNJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not white		
INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A	Many I Inspection I Inquiry I Thereon and	from the avidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	used died on the day stated above and death in my	oninion resulted
from: natural causes , accident , suieide , homicide ,	undetermined \(\square\).	Operation 1 timetit to
SIGNATURE (Degree or (1))	ADDRESS	DATE SIGNED
es by U 11 a , xlep. They		11
	to 1010 Reeds an -	phy 5,51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	ROOR CHEMATORY LOGATION (City, town, or cour	nty) (State)
REMOVAL (Specify) 2-6-51 Salem of		Qued
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 1 C C C		00
27-21 16. Marry	- casem cons calor	isulle Med



2411 N. Charles Street, Baltimore

1350

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Baltimore, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	line		
OR give nearest town) Cally a Control (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN POCOMOKE City	nearest town)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa	STREET (If rural give location)	/		
3. NAME OF (First) (Middle) DECEASED (Type or Print) Ella I. Veasey	(Last) 4. DATE (Month) OF DEATH Feb. 6,	(Day) (Year) 1951 19		
female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wildowed	1 11/7/62 88 yrs. 1	1 year If under 24 hrs. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) 10b. Kind of Business or Industry	Pocomoke City, Md.	CITIZEN OF WHAT		
Elijah Scott	Mary Tilghman			
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	George Dexter 7 Longwood Road	1		
18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Orterio Sclerofic Cardio varcular Desase Sycara Antecedent cause(s)				
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death. Leister Mel	litus	5 years		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
		Yes 🗆 No 🗙		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from A. Alverdam, 1945, to Fell ham, 1951, that I last saw the deceased				
alive on, 195/, and that death occurred at	ADDRESS from the causes and on the date sta	ted above. DATE SIGNED		
	RY OR CREMATORY LOCATION (City, town, or county			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR John O.Mitchell & Sons, Inc1900	ADDRESS Eutaw Place		
	V	IVVVV		

2411 N. Charles Street, Baltimore

1351. Reg. Dist. No. 30

CERTIFICATE OF DEATH

1. PLACE OF DEATH			I 2. USUAL RESIDENCE (H	OME) OF DEC	EASED.		
	altimore	MARYLAND	STATE Hid.		COUNT	Balt	0.
CITY (If outside cor	porate limits, write RUR		CITY (If outside corpora		RURAL and gi		
TOWN give nearestit	rtbnsville	(in this place)	TOWN Catons				
HOSPITAL OR INSTITUTION OR	977 9 77 0000		STREET	(If rural,	give location)		
STREET ADDRESS	232 Glenmo	te we	ADDRESS 232 Gl	enmore.	Ave.		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
DECEASED (Type or Print)	Mary Louise	e VOLZ		DEATH			19
Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, WILYORCED, (Specify)	April 24,1863	9. AGE last birt 87	yrs. Months	Days H	lours Mln.
H doile during most of wo	TION (Give kind of work rking life, evon if retired)	10b. Kind of Business on Industry Own Home	Balto. Md.		1	2. CITIZEN COUNTRY?	OP WHAT
13. FATHER'S NAME	Wm. F. Menl	ce	Unknown	NAME			
(Yes. no. or unknown)	er In U.S. Armed Forces (If yes, give war or dates of service)	? 16. SOCIAL SECURITY NO.	Geo. M. Volz,		nmore I	lve.	
		18. MEDICAL CI	ERTIFICATION	Catonsv	ille Mo	lle.	
I DISEASES OR CON	NDITIONS DIRECTLY	LEADING TO_DEATH				TMARKAN	AL BETWEEN AND DEATH
	/	1 // //	1.001			40	1100
- Immediate	cause (a)	erebal hem	errunge	0.00 - 00 - 10 - 10 - 10 - 10 - 10 - 10			m J
Antecedent	cause(s)	Auto - rola	228 00	2	0	1/1	4
Diseases or co	onditions, if any, (b)	grienco sco	rosis, Juno	Sales	ad	llsi	Assis
stating the un	derlying cause last						
11. OTHER SIGNIFIC	(c)					1	
Conditions contribut	ing to the death but not a or condition causing deat	enult.					
19a. DATE OF OPER	ATION 19b. MAJOR	FINDINGS OF OPERATION				20. AU	TOPSY?
		/				Yes	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU				(COUNTY) (S7	FATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?			
		2)	250 - FINZ	5 105/	Abot T lost	41.0	Janana
22. I hereby certif	ly that I attended th	e deceased from Man. 6		h, 19.h,	that I last	saw the	deceased
alive on Fee	24 , 19.5 , ar	d that death occurred at	ADDRESS from the	causes and o	n the date s	tated abo	ove.
SIGNATURE	10.110	(Degree of title)	1 Trugall	100	2	26	-(1
23 BURIAL CREMA	TION DATE THERE	OF NAME OF CEMET	ERY OR CREMATORY I	OCATION (Cit	y, town, or cour	nty)	(State)
23. BURIAL CREMA REMOVAL (Speci	fy) Feb. 28	3/51 Loudon Pk.	3801 Frederi	ck Rd B			
DATE REC'D BY I	OCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R	0000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADDI	
REG. 2/27/5	1 1 60	Harry 7	Harry H. Wiety	le 4101.	Edmonds	son A	ve.

Wh. magness. 908 Fredh. Rd.

VS. A15 * €

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Balto.				
CITY (If outside corporate limits, write OR give nearest town) on Svil.	DALDAY - A LIENCOTT OF	STAY CITY (Y CITY (If outside corporate limits, write RURAL and give nearest town)				
HOSPITAL OR	rederick Rd.	STREE		(If rural, give) Frederick			
3. NAME OF DECEASED (Type or Print) Ada	couise (Middle)	(Last) nKennen		OF DEATH Fe	(onth)	(Day) 1st	(Year)
5. SEX 6. COLOR OR RA	WIDOWED, DIVOI (Specify)	RCED. Apr.	1,1882	68 yrs.	If under Months	Days If und	der 24 hrs.
10a. USUAL OCCUPATION (Give kind of done during most of working life, even if re-	work 10b. Kind of Busin tired) Industry	Bal	PLACE (State or timore)	Id.		2. CITIZEN OF COUNTRY?	TABW
13. FATHER'S NAME Henry Eva		Un	ER'S MAIDEN Known				
15. WAS DECRASED EVER IN U.S. ARMED I (Yes, no, or unknown) (If yes, give war or service)	forces? 16. Social Security dates of None		MANT AND A Benj. We	address ellborn 61	Cle F	rederi	ck B
	18. MED	ICAL CERTIFICATIO					
I. DISEASES OR CONDITIONS DIREC						INTERVAL E	DEATE
Immediate cause	(a) arebral	1 Smon	mage	***** *********** **********	0 - 0 0 00 - 00 - 0 - 0 - 0		
4 4 3 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIO Conditions contributing to the death but related to the disease or condition causit	not	tenine Cars	lig-Vare	ulas Dir	eure	103	
19a. DATE OF OPERATION 19b. MA		TION				Yes	PSY1
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factor, OF office bldg., etc.) INJURY	y, street,	(CITY OR TO	OWN)	COUNTY		
TIME (Month) (Day) (Year) (H OF INJURY	our) INJURY OCCURRED While at Not Whi m. Work At wor	le	D INJURY OCC	UR?			
22. I hereby certify that I attended alive on 2	1., and that death occurr (Degree or titi	red at 11:40P ADDRES CEMETERY OF CRE	m., from the		e date st	tated above	GNED State)
/	VI	/					

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1353

•		
1. PLACE OF DEATH. COUNTY BALLIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MO.	Balto.
CITY (If outside corporate limits, write RURAL and CR give nearest town)	CITY (If outside corporate limits, write RURAL and give OR TOWN AR CONTROL OF TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2904 GARNET RD	STREET ADDRESS 2904 GARNET (D.	
3. NAME OF DECEASED (Middle) (Type or Print) CHRIES D. WHO	(Last) 4. DATE (Month) OF DEATH 2	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 1/(1/2) 2/(1/2)	5/10/1000 8/ yrs.	Days Hours Min.
done during most of working life, even if retired) MITCH INFO TO BUSINESS OR INDUSTRY Seneral Miller Market Mark	WAShINGTON DC	CITIZEN OF WHAT
GEORGE NAME	14. MOTHER'S MAIDEN NAME FIR ABETH UREEN	
15. Was Decrased Ever In U.S./Armed Forces? 16. Social Security No. (Yes, no. or unknown) (If yes, give war or dates of 2/8-09-3866	MRS WM QUATMAN	
7 18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	40.	ONSET AND DEATH
Immediate cause (a) Clrebral	thromboses	6 weeks
422 2 Antecedent cause(s)	n	72.44
Diseases or conditions, if any, (b)	myocaralles	a years
giving rise to the above cause stating the underlying cause last	0	0
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disesse or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No F
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan	8, 1951, to Fet 19, 1951, that I last so	w the deceased
22. I hereby certify that I attended the deceased homez.	7.200	
alive on T	ADDRESS ADDRESS	ted above.
TO SIGNATURE P SEL . A. N N	Enlandt II	DATE SIGNED
nichael A. d. Inceves, M.d.	a mase so. Get.	11,1701
REDOUX (Spicity) 2/21/31 PARK WOO!		MD.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2147 (M. A) A (Sec.	24. FINERAL BIRECTORS HOLLES To Son In	ADDRESS
	118 W. Mit Royal are 5	44358

PLEASE

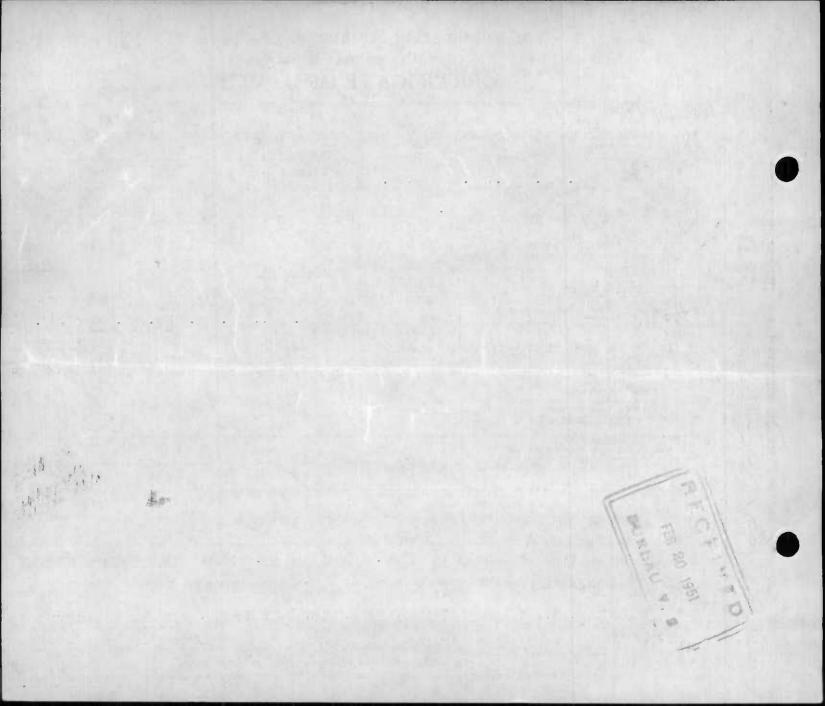
The correct age

1354

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY			
Baltimore MARYLAND	Maryland H. H.			
OR give nearest town Fort Howard LENGTH OF STAT	OR			
TOWN Fort Howard 13 days	TOWN Crownsville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.	ADDRESS Route 1			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) ARTHUR R.	WAGNER 4. DATE (Month) (Day) (Year) OF February 16 1951			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.			
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	11-25-93 57 We Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LICCUPICIAN	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT			
done during most of working life, even if retired)	Lykens, Pennsylvania Country?			
13. FATHER'S NAME	Lykens, Pennsylvania USA 14. MOTHER'S MAIDEN NAME			
Ferdinand Wagner	Elizabeth Moser			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
(Yes. no. or unknown) (If yes, give war, or dates of Unknown				
18. MEDICAL C	Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md.			
18. MEDICAL C	INTERVAL BUTWEEN			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
MOODED TATE THE PO	TAN DIT MA GADANIAN I DESTRUCTOR -			
Immediate cause (a) MIOCARDIAL INFARC	TION DUE TO CORONARY ARTERIOSCIEROSIS Recent			
Antecedent cause(s)				
Diseases or conditions, if any, (b)	***************************************			
94 giving rise to the above cause stating the underlying cause last				
(c) 11. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	20. AUTOPS11			
	Yes 🖔 No 🗋			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?			
OF While at Not While	NOW DID INVOKE COCCAS			
INJURY m. Work At work				
22. I hereby certify that VAttended the deceased from Feb. 13, 1951, to Feb. 16, 1951, WALK PARK OF WARRENCE SOIL				
22. I hereby termy that pretended the deceased from	, 13.2, 10.1			
ANYONXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12:40 A.m., from the causes and on the date stated above.			
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED			
SIGNATURE. Que Pady . (Degree or title)				
PAUL PADGET, M. D., CHIEF, MEDICAL SERVI	ICE, VAH, FORT HOWARD, MARYIAND 2-16-51			
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (State)			
REMOVAL (Specify) 2/19/5/ Arlington 1				
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	2 FUNERAL DEPOTOR ADDRESS			
REG.	I T.C. A.M. V. S. L. A.M.			
VIIVIII JOHN				
Nawson L. fache. 4.	Glen Burnie, Md.			
	2 1 2 1 1 6			



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

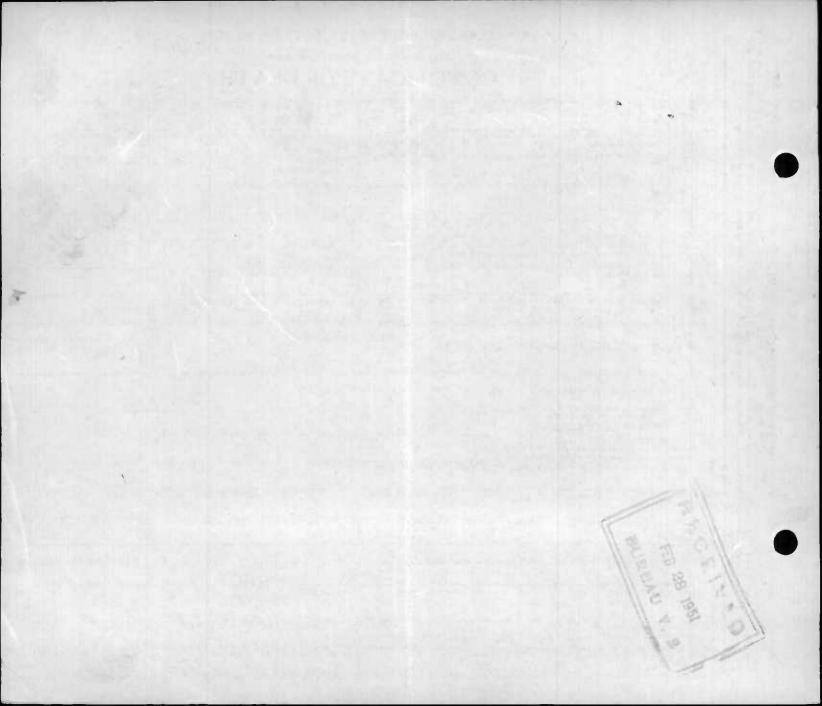
1. PLACE OF DEATH	•		2. USUAL RESIDENCE (H	IOME) OF DECK	ASED.		
Baltimore		MARYLAND	Maryland		COUNTY		
OR give nearest t	porate limits, write RURA (awn) Howard, Md.	L and LENGTH OF STAY (in this place) 554 (18.78)	OR TOWN Baltimor		URAL and give	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Vets.Adm.Hosp	Ft. Howard . Md.	STREET ADDRESS 600 Br	(If rural, gi	ve location)		/
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE	(Month)	(Day)	(Year)
(Type or Print)	CURTES.	E	WALLACE	OF DEATH	Feb. 16	(= 43)	
	6. COLOR OR RACE	7. SINGLE, MARRIED.		9. AGE last birthe	lay If under I	year If unde	19 5 1
Female	calored	WIDOWED, DIVORCED, (Specify) married	6-4-24	20	Months	Days Hours	Min.
10a. USUAL OCCUPA'	TION (Give kind of work rking life, even if retired)	10b. KIND OF BUSINESS OR	Spartanburg, S	r toreign country)	1 12.	CITIZEN OF OUNTRY?	WHAT
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Kermit Foste	r		Minnie Dandy				
15. WAS DECRASED EVE	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS			
Yes dikhown)	(If yes, give war or dates of ervice)	unknown	Clinical Rec. V	ets. Adm.1	Josp. Ft.	Howard .	Md-
		18. MEDICAL CE	RTIFICATION				
1. DISEASES OR CON	DITIONS DIRECTLY I	EADING TO DEATH				INTERVAL BE	
Immediate	cause (a)T	berculomis of spi	ine, active			4 yrs.	
215750				100 -0- 104044 4044		plus	
Antecedent	cause(s) onditions, if any, (b)					F	
/6 giving rise to	the above cause derlying cause last	* *************************************	***************************************	**************************************	***************************************	***************************************	
sceening che du	(c)						
JI. OTHER SIGNIFIC							
related to the disease	or condition causing death						
19a. DATE OF OPER.	ATION 19b. MAJOR F.	INDINGS OF OPERATION				20. AUTOP	3Y?
						Yes 🗆	No DE
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)	(STATE	()
TIME (Month) (OF INJURY							
VA							
22. I hereby certify that Xattended the deceased from Aug. 10 , 1949, to Feb. 16 , 1951, that I last saw the deceased							
MWWW.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	that death occurred at	3:28 P om from the	cattene and on	the date ete	tod above	
SIGNATURE		(Degree or title)	ADDRESS	causes and on	the date sta	DATE SIG	NED
GEORGE LERN	NER. M.D. VAH	FORT HOWARD, MD.	Morac 1	Anne	1	2-17-5	1
23. BURIAL, CREMA' REMOVAL (Specify	TION DATE THEREO	NAME OF CEMETE		OCATION (City,		(Sta	ate)
DATE REC'D BY LO			tional Cemetery	rt. Myer,	V8.•	ADDRESS	
REG. 2/24/	51 (11)	Redrice	Katie R. Wms. 3		oodon C		36.4
0/050/5	2/1 4 00	17	Macre R. Mils. J.				

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
COUNTY Sultimore MARYLAND	STATE 1990 COUNTY
CITY (If outside corporate limits, write RURAL and OR give hearest town) (in this place) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harvine Stone	STREET ADDRESS 55/8 Harfre Ox
3. NAME OF DECEASED (First) (Middle) (Type or Print) Newe	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Fret 26 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DINORCED, (Specily) Lingle	DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months. Days Hours Min.
Ton. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR Mone during most of working life even if spired) INDUSTRY	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Margaret Sarrett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Tex, no, or unknown) (If year, give war or dates of service)	Tarisa M. Schrode Masonic How
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Frank facility	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	d'Orterio Schross
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No} \(\text{No} \(\text{N} \)
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY M. At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Cofficial.	, 19.49, to Ful. 26, 195.1, that I last saw the deceased
alive on 16, 195, and that death occurred at	ADDRESS DATE SIGNED
	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S MIGNATURE	Pridge Cemetry Baltymore ADDRESS!
2/REG. 15-1 Laure M. Schnoidel	Hom. Cook St toal & Priston St
	DETROGE



NIARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY	STATE COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	OR —
HOSPITAL OR	TOWN Baltoco
HOSPITAL OR INSTITUTION OR	STREET (If ru al give location)
INSTITUTION OR STREET ADDRESS BAITO CO	3220 Willoughby Hd
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Louis	harlar DEATH Febr. 16 151
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday Il under I year If under 24 hrs.
WIDOWED, DIVORCED,	Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	COUNTRY?
Machine. Operaler Black + Dacker Co	Balto, Cilv. and las A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ClayTon, Wharler	ANNam Shaffer
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (It yes, give war or dates of 216-10-3549	mas Louis, B. Whealer, 3224 Willough by Rd
18. MEDICAL CE	
	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
We at discourse	vascular coronary with orchery Sudden
Antocodont couco(a)	
	1-5
Antecedent cause(s) Diseases or conditions, if any, (h)	cardetes with his entroples lunknown
Elatif tine to the more came	carditis, with hypertrophy hubroun
93 d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	carditis, with hypertrophy hubrown
stating the underlying cause last (c)	carditis, with hypertrophy huknown
stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	carditis, with hypertrophy huknown
stating the underlying cause last (c)	carditis, with hypertrophy huknown
stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	carditis, with hypertrophy hubrown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	20. AUTOPSY?
itating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\) No \(\)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF office bldg, etc.)	20. AUTOPSY?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF office bldg, etc.)	20. AUTOPSY? Yes \(\) No \(\)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	(CITY OR TOWN) (COUNTY) (STATE)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	CITY OR TOWN) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (COUNTY)
### Stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF office bldg., etc.) CAUSE OF DEATH. INJURY INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY Not while work at work 22. I certify that I took charge of the remains described above, held an All of the conditions are considered.	CCITY OR TOWN) (COUNTY) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (ulopsy [], Inspection [], Inquiry [] thereon and from the evidence
### Stating the underlying cause last Column	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? Autopsy [], Inspection [], Inquiry [] thereon and from the evidence ased died on the dry stated above, and death in my opinion resulted
### Stating the underlying cause last Column	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? Autopsy [], Inspection [], Inquiry [] thereon and from the evidence ased died on the dry stated above, and death in my opinion resulted
### Stating the underlying cause last Column	(CITY OR TOWN) (COUNTY) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (utopsy [], Inspection [], Inquiry [] thereon and from the evidence ased died on the dry stated above, and death in my opinion resulted undetermined [].
### Stating the underlying cause last Column	(CITY OR TOWN) (COUNTY) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (utopsy [], Inspection [], Inquiry [] thereon and from the evidence ased died on the dry stated above, and death in my opinion resulted undetermined [].
### Stating the underlying cause last Co	(CITY OR TOWN) (COUNTY) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (utopsy [], Inspection [], Inquiry [] thereon and from the evidence ased died on the dry stated above, and death in my opinion resulted undetermined [].
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF OPERATION 22. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OPERATION OF OF CONTRIBUTING OF OPERATION INJURY OF OPERATION TIME (Month) (Day) (Year) (Hour) While at Not while work Not while work obtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes of accident of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of accident of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of accident of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of accident of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of accident of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of accident of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of accident of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described abo	20. AUTOPSY? Yes
### Stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	CCITY OR TOWN) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (Autopsy [], Inspection [], Inquiry [] thereon and from the evidence assed died on the dry stated above, and death in my opinion resulted undetermined []. ADDRESS DATE SIGNED M.E. TOWN (State) (State)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF OPERATION 22. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OPERATION OF OF CONTRIBUTING OF OPERATION INJURY OF OPERATION TIME (Month) (Day) (Year) (Hour) While at Not while work Not while work obtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes of accident of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of accident of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of accident of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of accident of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of accident of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of accident of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of accident of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of the remains described above, held an Autopsy, Inspection or Inquiry, find that said decent from: natural causes of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described above, held an Autopsy of the remains described abo	20. AUTOPSY? Yes

1358

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

				· · · · · · · · · · · · · · · · · · ·
1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED-	10
CIMY (II and 'da	Baltimore	MARYLAND	Mary Land	(4,
OR give nearest	rorporate limits, write RUR. town) Fort Howard	AL and LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and giv OR Baltimore	e nearest town)
			STREET (If rural, give location)	
STREET ADDRE	SS Vet.Adm.Hosp	.,Ft.Howard,Md.	ADDRESS 214 Old Battle Grove R	oad
3. NAME OF	(First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	EDWARD	D.	WOOD OF TEATH Februar	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under	year If under 24 hrs.
Male	White	WIDOWED, DIVORCED, (Specify) Married	1-2-91 60 yrs. Months	Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10h. KIND OF BUSINESS OF INDUSTRY		CITIZEN OF WHAT
Retired Po	Liceman	INDUSTRY stees of 12al	Baltimore, Maryland	COUNTRY
13. FATHER'S NAM		11	14. MOTHER'S MAIDEN NAME	
Benjamin W	ood	V	Clara Wilson	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	
Yes	(If yes, give war or dates of service) WW T	" 216-24-4053	Clin.Rec., Vet.Adm. Hosp., Ft. Ho	ward, Md.
		18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause (a)	CORONARY OCCLUSI	ON	5 days
420 O Anteceder	nt cause(s)	ADDED TOGATED OFFI	TIPANE STORE AND	** 1
Diseases or	conditions, if any, (b)	ARTERIOSCLEROTIC	HEART DISEASE	Unknown
	o the above cause anderlying cause last			
	(c)			
Conditions contribu	ICANT CONDITIONS uting to the death but not			
	RATION 19b. MAJOR	FINDINGS OF OPERATION		20. AUTOPSY?
IVAN DINIE OF OIL	1000 11000			25
21 ACCIDENT	(Specify) PLA	CE (Home form featory street	(CITY OR TOWN) (COUNTY)	Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) OF	CE (Home, farm, factory, street, office bldg., etc.) IRY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY	m.	Work At work		
· X2000000000000000000000000000000000000			9:25 A.m., from the causes and on the date standards	
W SIGNATURE	Ohmer	(Degree of title)	ED D MEDO	DATE SIGNED
IRVING FREE	MAN, M. D., ACT	TING CHIEF, MEDICA	L SERVICE, VAH, FORT HOWARD, MD.	2-12-51
23. BURIAL, CREM REMOVAL (Spec	ATION I DATE THERE	OF NAME OF CEMETE	AV OR CREMATORY LOCATION (City, town, or count,	y) /State).
DATE REC'D BY			24. FUNERAL DIRECTOR	ADDRESS
REG/14	5/ /20	Hednel		09 Harford
- / F/	- CH			altimore, Md.
		Dm /	mollulared J. sugar 913	9.36

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	-2	how .	Ę	11
	7			y

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newyorn infants give residence of mother)
County	Mul Ball
City or town Allesadale	State County
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 140 Corpor Decicle Potal
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME May Thury	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
a a a a - 211 1 0	
T CAP Willower	20. DATE OF DEATH
0.10471	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that I tast saw h.d. alive on 2-2/-5/
deceased (mo., day, yr.) (Cot 27. 1883)	Immediainguage of death OURATION
8. AGE: Years Months Days If less than one day	
	Present 16
67hrsmin.	
Mandriden. m.	· uman
9. Birthplace	Due to
7/	
10. Usual occupation ATTITURE MUTTER	Due to
11. Industry or business	
12. Name Jasephl Collins 13. Birtholage Rapibildge Med	Other conditions. IVI At
13 Birtholaco Me a multiplan Med	49,
al Designation	(Include pregnancy within 8 months of death)
= 14. Maiden name	
o x X 1 day	Major findings of operations.
\$ 15. Birthplace Canada brighty	Date of op
16. Informant State Change	Autopsy results
10. Informati	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 2/2/M Cullote of	
13, 1 4,1-1/5	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
My (11/4/12 M) (monthly day) (seat)	
Cemetery or crematory.	Where did injury occur?
Location allestitutort med.	Injured at home, farm, Industry, public place (where?)
P. D.L. (al of a Rich	Means of Injury Phjured at work?
18. Funeral director TPUDD OFFICE GREATER & WILL	migano os injury
1.2000 000000	tally francis L M. L
Address / I my 11. Carrants	23. SIGNATURE M. D. or other
19 Jehnary 24 19 51 Re William	102 3/ hard Mills hands
(Date rec'd by registrar) Registrar	Address 973 MW 11 (1774) Date signed

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No...

The	
INK. Supply every item of information carefully. please write the causes of death clearly and legibly.	
EASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.	

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Balto.
CITY (If outside corporate limits, write RURAL and OR give nearest town) (In this place)	CITY (If outside corporate limits, write RURAL and give OR North Shure	ve nearest town)
HOSPITAL OR INSTITUTION OR 7617 Maple Rd.	STREET (If rural, give location) ADDRESS 7617 Maple	2.
3. NAME OF DECEASED (Type or Print) JOHN GEORGE	ZIMMERER 4. DATE (Month) OF DEATH FEB.	(Day) (Yea:
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) manual	8. DATE OF BIRTH 9. AGE last birthday If under Months.	1 year If under 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR HODGEN OF BUSINESS OR CONTROL OF BUSINESS		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. Was Decrased Every In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service) 2/5-05-5986	17. INFORMANT La Zimmerer	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION Colt Pune	INTERVAL BETWE
Immediate cause Antecedent cause(s) Antecedent cause(s)	stases to liver.	2 . 1 0 10 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0
470 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		***************************************
II. OTHER SIGNIFICANT CONDITIONS Conditiona contributing to the death but not related to the disease or condition causing death.		1 7 67 46 64 v i i in ji i i i in ji garaya (1 aray ani agam
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3.0. Ac.	2., 19.50, to 16 Feb, 19.51, that I last s	aw the deceased
alive on 15 FeV., 1951., and that death occurred at	ADDRESS from the causes and on the date sta	ated above. DATE SIGNED
Me Douot U.S.	2900 Dunkan Rd Dunkel	17 Fet 5
REMOVAL (Specify) 2-19-51 Sacred Hea		, co. m
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. EUNERAL DIRECTOR	ADDRESS

e correct age

MARGIN RESERVED FOR BINDING

VS. A15

2900 Dunran Rd